Y 4. N16 :99-1-5

THE EFFECT OF DRUG ABUSE ON THE BLACK COMMUNITY

ORIGINAL

COMPLETED

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

FIRST SESSION

SEPTEMBER 27, 1985

Printed for the use of the
Select Committee on Narcotics Abuse and Control

SCNAC-99-1-5

U.S. GOVERNMENT PRINTING OFFICE

61-182 O WASHINGTON : 1986

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

BEST COPY AVAILABLE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

(99th Congress)

CHARLES B. RANGEL, New York, *Chairman*

PETER W. RODINO, Jr., New Jersey
FORTNEY H. (PETE) STARK, California
JAMES H. SCHEUER, New York
CARDISS COLLINS, Illinois
DANIEL K. AKAKA, Hawaii
FRANK J. GUARINI, New Jersey
ROBERT T. MATSUI, California
DANTE B. FASCELL, Florida
WALTER E. FAUNTROY, District of Columbia
WILLIAM J. HUGHES, New Jersey
MEL LEVINE, California
SOLOMON P. ORTIZ, Texas
LAWRENCE J. SMITH, Florida
EDOLPHUS "ED" TOWNS, New York

BENJAMIN A. GILMAN, New York
LAWRENCE COUGHLIN, Pennsylvania
E. CLAY SHAW, Jr., Florida
MICHAEL G. OXLEY, Ohio
STAN PARRIS, Virginia
GENE CHAPPIE, California
DUNCAN HUNTER, California
JOSEPH J. DioGUARDI, New York
MICHAEL L. STRANG, Colorado
JOHN G. Rowland, Connecticut

COMMITTEE STAFF

JOHN T. CUSACK, *Chief of Staff*
ELLIOTT A. BROWN, *Minority Staff Director*

BEST COPY AVAILABLE

THE EFFECT OF DRUG ABUSE ON THE BLACK COMMUNITY

FRIDAY, SEPTEMBER 27, 1985

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
Washington, DC.

The select committee met, pursuant to call, at 9:30 a.m., in room 2226, Rayburn House Office Building, Hon. Charles B. Rangel (chairman of the select committee) presiding.

Present: Representatives Charles B. Rangel and Michael L. Strang.

Staff present: John T. Cusack, chief of staff, and Elliott A. Brown, minority staff director.

Mr. RANGEL. Let me thank those of you that weathered the storm, and thank the panelists as well as participants for joining in the 15th annual Congressional Black Caucus legislative meeting.

Last year we received shocking testimony of the relationship between the drug problem and the dropout problem, and that was given to us by the National Institute on Drug Abuse who found that more students involved in drugs failed to graduate from high school than those that were not involved at all. That study was made by Dr. Lloyd Johnson.

In any event, we have felt that this is a national problem, even though it appears as though in the minority communities that we were more severely impacted.

We have been fortunate to bring together a variety of experts in this field, to look more closely at it, and as we try to do with every legislative hearing, to see whether we in the Congress can do more, either through the administration or through legislation, so this morning we have Jon Thomas, the Assistant Secretary of State for International Narcotic Matters.

This is how the select committee liaisons with the administration. He has the full international responsibility, working directly under the Secretary of State, to work with the drug-producing countries toward the goal of full eradiation. Dr. Jerome Jaffe, Acting Director of the National Institute on Drug Abuse, who has been with us every year, and remained a resource person for us. He is not here yet; he will be here at 10:15.

Jack Lawn, who is the Administrator from the Drug Enforcement Administration. That is our point law enforcement agency, and they have had their budget supported mainly by the administration. There may be problems as to whether or not it is expanded to the size that some of us in Congress would want, but in any

BEST COPY AVAILABLE

event, both overseas where host countries allow their participation, and certainly in the direction of the Federal task force, it is the Drug Enforcement Administration that has the major responsibility in this area, and recently they have been supported through the efforts of the Federal Bureau of Investigation.

Dr. Lawrence Davenport, the Assistant Secretary for Elementary and Secondary Education, Department of Education. Mr. Davenport, we welcome you, because some people have told me that they had wiped out the Department of Education 2 years ago, and I said, "How would I know if they had done that?" But we look forward to the contribution that you are going to make this morning, because unfortunately, as usually happens to educators, when society has failed we leave the problem at your feet, and it is clear that we are not going to expect any successes next year with our overseas operations.

It is clear that law enforcement is not going to be able to control the trafficking, so to a large extent we are dependent on a preventive program, and whether it operates out of the Federal Government or whether it is local government we will expect direction as to how you think we should proceed in this very sensitive area.

Victor Herbert, superintendent in charge of dropout prevention for the New York City Board of Education, and we look forward to your observations as to the connection between drug abuse and this serious problem that we are having with minorities. Is it 70 to 80 percent, is it that high yet in dropouts of high school?

Mr. HERBERT. Those figures have been projected.

Mr. RANGEL. And in Chicago they told us it was what? Fifty to sixty percent. That was overall, but with minorities it was higher than that.

Mr. CUSACK. Higher.

Mr. RANGEL. Pearl Mack, the Chicago member of the Committee on National Education. I shouldn't have asked anybody about Chicago. We were shocked when we had narcotic hearings in Chicago, not only to find the perpetuation of the gangs in the black communities, which was bad enough as being a drain on the resources and the fact that these kids were not going into the mainstream, but when we found that now the drugpushers have moved into that area where police honestly admitted that they could not penetrate, and with informers, then it looked like they have really just captured a large segment of our community in Chicago. So we thank you for coming.

Caroline Jones, an old friend in New York, and I might say, Ms. Jones, this committee will be calling upon your firm again. It is our job in Washington when we find somebody who volunteers and is cooperating, that we constantly call upon them for support. But this committee intends to hold hearings soon, reaching out to the Advertising Council, trying to see whether we can establish on a more permanent basis an educational program, a national education program tied into local and State support through the media, and certainly nobody has developed more expertise in doing that, especially in selective markets, than your firm of Mingo-Jones. And so, Jack, if I forget, I hope that you invite her in preliminary discussions before we set up the hearings.

Mr. CUSACK. Yes, sir.

BEST COPY AVAILABLE

Mr. RANGEL. And Bobby Dandridge, a former Washington Bullet, National Basketball Association. Here again, the Drug Enforcement Administration is trying to work with our sports figures, trying to get them more involved in terms of role models.

Julian Carroll, the former Governor of Kentucky.

Mr. CARROLL. Good morning, Mr. Chairman.

Mr. RANGEL. Thank you for being able to be with us, especially in this inclement weather.

Mr. CARROLL. I should say so, thanks to Gloria.

Mr. RANGEL. So you can see that we really have an outstanding panel here. But as you might expect, we do have some time problems. I have been advised by staff that our Federal panel will have to leave. We are going to ask them to start, and then we will continue with the rest of the panel and we will break for questions. Jack Cusack is the chief of staff here.

I have introduced everybody that is here. We will first hear from Jon Thomas, the Assistant Secretary of State for International Narcotics Matters. His office is responsible for attempting to get those agreements, but certainly the cooperation of drug-producing countries, and I think we have been doing pretty good with agreements. Now we are moving toward performance. Secretary Thomas.

TESTIMONY OF JON THOMAS, ASSISTANT SECRETARY OF STATE FOR INTERNATIONAL NARCOTICS MATTERS

Mr. THOMAS. Thank you very much, Chairman Rangel. I appreciate the opening remarks, and I would first like to say that we value very, very much our working relationship with the U.S. Congress, and most paticularly, the leadership of the Select Committee on Narcotics, under its very able leadership.

Sometimes we may not always agree here at home, but I can assure you that when we go overseas and begin to sit down with key leaders in other governments, that there is hardly a hair's breadth of difference between the executive branch and the legislative branch. In fact, there are few places you can go in the world where narcotics are produced or where there is traffic, where leaders and other figures in those countries are not fully aware of the emphasis and the importance we attach to this issue, and the energetic efforts on the part of the U.S. Congress.

Chairman Rangel and his committee have been very active in this regard, and as a result of those efforts, I can point to some direct improvement in the narcotics production situation around the world. It is a hand-in-hand effort, and I am very proud to be part of that.

The Bureau of International Narcotics Matters at the Department of State has primary responsibility for coordinating what we are trying to accomplish overseas in our international narcotics control programs. In other words, we attempt to establish agreements with other governments, to provide them the tools and support for them, with our assistance, to get the job done, and that job primarily is to eradicate illicit narcotics crops, and to establish good effective enforcement against narcotics production and trafficking, as close to the source as possible. In other words, if any one

phrase were to characterize our foreign policy objectives in international narcotics control, it would be "go to the source."

We find that those efforts can be the most cost effective and the most beneficial in conjunction with the rest of our efforts under our national strategy, which of course include stepped up interdiction, dramatically improved enforcement here in the United States, and of course the very important area of reducing the demand for drugs.

I am particularly pleased to be able to share this Federal part of the panel this morning with the Administrator of the Drug Enforcement Administration, Mr. Lawn, because I think it is very important that the Department of State and the enforcement community work hand in glove in our international efforts, and I can assure you that we do.

In many cases it is via the Department of State that we set up the agreements and arrangements, perhaps provide some of the financing. The Drug Enforcement Administration provides the field expertise, the information, the guidance, the operational skills and that, combined, working through governments, often leads to some of the more spectacular interdiction and enforcement operations we have seen in the world.

I can cite two of them. In Colombia in March of last year, a raid in the Amazon region of Colombia which netted 10 tons of cocaine. More recently, in the northern jungle regions of Peru, an operation, which was a combined operation between Colombia and Peru, in part financed by the Department of State and led and encouraged by the Drug Enforcement Administration, that operation now has netted close to 3 tons of cocaine.

Another very key objective and goal in our international policy is to attempt to internationalize the issue of narcotics control, and let me explain what that means. We recognize that the United States in no way can do the job alone overseas. Without a concerted effort of many nations working together against the production and trafficking of narcotics, there is little hope that we will be able to reduce the supply. So for many years one of our key objectives has been to create and form an alliance of nations to crack down jointly against this double problem of production and trafficking.

I am very happy to say that increasingly many countries of the world have recognized the importance of stepping up the pace against this problem, are tracking an active role both politically and in the field, and we are beginning to see the specific results. Not only country to country, but also on a multilateral basis, that is via regional organizations, such as the Organization of American States, or the Association of Southeast Asian Nations, and more and more the United Nations is playing a positive role in this regard.

Many of you will recall that in the economic summit meeting in May of this year, which was held in Bonn, Germany, the issue of narcotics control emerged as one of the key discussion topics among the seven heads of state that attended that meeting, and I am assured now that next year, when the economic summit meeting will be held in Japan, that this will be a key discussion point, an agenda item to be looked at by the seven heads of state representing the most powerful and rich free nations of the world, to ex-

amine what additional steps are required to reduce the supply of narcotics, headed not only our way, but in the direction of many countries, because if there is one thing that is clear, drug abuse is not an American problem uniquely.

Drug abuse is widespread throughout the world. In fact, in some European countries, on a per capita basis, they have a more severe drug abuse problem than we do. In other countries where drug production and trafficking have been rampant for years, they too have begun to experience almost epidemic proportions of narcotics addiction. In Thailand and Pakistan, for example, heroin addiction has skyrocketed. In South America, where the coca leaf is produced from which we derive cocaine, there are hundreds of thousands of young people now addicted to a substance called coca paste, an intermediary substance between the coca leaf and cocaine.

I am pleased that in the report that Chairman Rangel and his committee issued following their excellent trip to South America recently, that they of course recognized the difficulties that we face, and there are many. No one is trying to ignore the fact that in the area of South America, more coca leaf is being produced now than ever before, but I was pleased to note that the committee also recognized that there is an increased positive attitude among the leadership in many Latin American countries.

Our task now, of course, is to support that growing optimism, that growing spirit of cooperation, and I am certain that through international cooperation that we have seen, strong enforcement overseas as well as here at home, and our ongoing efforts to reduce the demands at home, we will start to see some progress.

I would like to finish on one note, which I think is very important. We have constantly said, of course, overseas, that what we do here at home has a very direct and important relationship to any prospect of success overseas. In other words, we cannot ask nations around the world to do anything that we are unwilling to do here at home. Thus our own enforcement efforts here domestically, our efforts to reduce the demand, are of paramount importance, and are very carefully scrutinized by other governments.

Recently Nancy Reagan, our First Lady, in April of this year held a unprecedented First Ladies Conference in Washington, and then in Atlanta. Seventeen First Ladies from around the world attended that conference, representing all geographic regions. The issue discussed was drug abuse among young people, not on a policy or political level, but rather on a mother-to-mother or community-to-community level. The results of that conference were exceptional.

Based on those positive results, Nancy Reagan now plans to hold, as part of the 40th anniversary of the United Nations in October of this year, another First Ladies Conference, to which all First Ladies of the world have been invited, First Ladies that will be accompanying their husbands to that celebration. This awakening among nations of the world that drug abuse is a commonly shared problem, not one unique to one nation or a few nations, but shared by all, is very welcome in terms of the prospects of success in the future. So I look forward to any questions that you may have following Mr. Lawn's presentation.

Mr. RANGEL. Thank you, Mr. Secretary.

The flow of this panel, of course, is to develop for your understanding the Federal strategy, and you have heard from the international aspect of it. Jack Lawn is the Administrator for the Drug Enforcement Administration, and that speaks for itself in terms of the strong law enforcement referred to by the Secretary. Director Jack Lawn.

TESTIMONY OF JOHN C. LAWN, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION

Mr. LAWN. Thank you very much, Mr. Chairman. Like Mr. Thomas, I am very pleased to be part of this very distinguished panel. I think it is very important that all of us recognize that no entity in government or out of government, no entity alone, will be responsible solely for whatever success we hope to have in stopping the epidemic of drug use in this country. I will not talk about what is happening in the international arena on the enforcement side. What I would like to do is to spend a few moments talking about the national strategy, and how all components of this five-part strategy are critical to the successes that all of us hope to see.

The national strategy is a five-part strategy. We think that all five parts of this strategy must work together if all of us here are to be successful. The five-part national strategy involves prevention, enforcement, treatment, international cooperation, about which Mr. Thomas spoke, and research.

Several years ago a high-school coach from Washington, DC, came to us and asked us in the Drug Enforcement Administration whether we would be in a position to advise him as to how he could best communicate with his young athletes about the dangers of drug abuse. It was based upon this meeting that we began a program involving the high school coaches throughout the country.

We first presented this program at the High School Athletic Coaches Conference 2 years ago in Lexington, KY. We have seen it followed up at their second conference. We are giving these lectures to the 48,000 coaches in this country, representing 22,000 school districts. Their immediate charges, the young athletes, number 5½ million. We have given this training to some 8,000 coaches throughout the country.

We think it is a very positive program, one that necessarily must be a part of the Drug Enforcement Administration strategy as well, because we on the enforcement side see first hand, perhaps more than any other entity in our society, the dangers of drug abuse. This is a program which we feel has been most successful will continue to be successful.

Based upon that initial program, we began working with professional athletes from all of the teams who, also, have seen the problem first hand. There is one who is on the panel, and I speak of a superathlete who many of us have cheered through college and the professional ranks, who is on my far left, Bob Dandridge. I participated with Mr. Dandridge in a program here in the District of Columbia called: Superteams. In this program, athletes like Bob spent a week with the players from high schools here in the District of Columbia, and taught these youngsters how they can cope with peer pressure, how they can deal with the individuals in their

BEST COPY AVAILABLE

neighborhoods and individuals in their school systems and, how to say no.

It was a model program that I wholeheartedly supported, and a program which Bob and people like him did a marvelous thing in giving up a great deal of their time. It will be given in other cities throughout the United States. It is a program which I believe will be very successful.

In addition, we are working with teacher groups throughout the country. One such group, the Mendez Foundation in Florida, works with the National Football League teams in the major cities. The National Football League pays for the training the teachers in the school systems, so that the teachers will then be in a position to talk to the youngsters about drug abuse and about how to say no. This, too, I think is a program which is going to be one that will pay great dividends.

Further, the National Association of Broadcasters has recently joined with us and the National Football League, the National Basketball Association, and other teams on the national level, in giving video presentations. Because many young people watch television, these youngsters will see that not only athletes of the stature of a Mr. Dandridge but athletes in their own environment, much as college athletes, high school athletes, and local athletes will appear on these filmstrips, with their message about how to say no.

As I indicated previously, the national strategy is a five-part strategy. We in law enforcement think that we are doing an effective job. Mr. Thomas is doing a most effective job in the international arena, but Mr. Thomas and I can't work separately. We must work together. This is the focus of the national strategy, to bring all five components, the prevention, the education, the treatment, and the international cooperation together.

I think it is working; however this is the short-term solution. We must be patient. I believe that the strategy is in place and the potential is there for us to ultimately solve this epidemic of drug abuse.

Thank you very much, Mr. Chairman.

Mr. RANGEL. Thank you, Jack.

[The statement of Mr. Lawn appears on p. 52.]

Mr. RANGEL. Now from the educational aspect, we heard from law enforcement, we go to national, Dr. Lawrence Davenport, who is the Assistant Secretary for Elementary and Secondary Education, Department of Education.

TESTIMONY OF LAWRENCE DAVENPORT, ASSISTANT SECRETARY FOR ELEMENTARY AND SECONDARY EDUCATION, DEPARTMENT OF EDUCATION

Mr. DAVENPORT. Mr. Chairman and guests, I am pleased to appear before you as part of this panel. I applaud your decision to organize this workshop on one of the Nation's most critical social issues.

The primary role of the Department in alcohol and drug abuse education is to provide leadership, training, and technical assistance to school systems for the purpose of developing local commu-

BEST COPY AVAILABLE

nity capacity to work with alcohol and drug abuse problems. The Department of Education's major efforts are directed through alcohol and drug abuse education programs, which assist the schools and communities to deal with the problems of alcohol and drug abuse. I would like to briefly describe how the program currently operates.

Through this program, we have five regional training centers and a program support project which maintains a national network for training, dissemination, and technical assistance. Currently, approximately 600 local schools and State agencies located throughout the country are part of the network. Each regional training center as part of its scope of work provides a broad range of technical assistance to State agencies and local school systems. Much of this technical assistance is in the area of program planning and curriculum development.

As part of its leadership role, the Department, through each of the regional training and resource centers, sponsors annual regional conferences to bring together personnel from State agencies, local schools, and communities, concerned with the prevention of alcohol and drug abuse. The Department of Education does not develop drug abuse education material or curriculum. However, curriculum and materials are developed by a wide variety of organizations throughout the country, and a select list is made available through the National Clearing House for Drug Abuse and Alcohol Information. Information is also available at the National Institute of Drug Abuse, located in Washington, DC.

A prime component of the alcohol and drug abuse education program is the school-team approach. Team members from local schools are trained and in turn assist faculty and administrators from other schools in developing and implementing ways to prevent and reduce alcohol and drug abuse. Over the past several years the program has established and trained 5,000 school teams, reflecting a variety of community interests and resources, which have been supported with training and followup assistance in every State and territory.

These teams affect approximately 700,000 young people annually, and in 1984 alone the five regional centers trained 137 new school teams, while providing further training and onsite assistance to 468 school teams trained in previous years.

The intent of the program is to work with the school teams until they become self-sustaining groups. Each school team then is expected to train additional school teams throughout its school system. For example, school teams in Wichita, KS, have now trained 75 other teams in their district, and will increase this to 90 teams by next year.

Another focus of the school-team approach is the involvement of parents. To this end, school teams are encouraged to involve parents and parents groups, as teams initiate programs in their schools and communities. It is clear that drug abuse and alcohol-related disruptive behavior have multiple causes in the community, the family, and school. School and parents can either increase the problems or they can address them, and become part of the solution. It is important that parents, schools, and the entire community work closely together in a partnership agreement to identify

BEST COPY AVAILABLE

sources of problems and offer constructive solutions for resolving these problems.

The Department of Education is also currently implementing an assistance approach in the prevention of alcohol and drug abuse which focus on the district superintendent and the school principal. The district superintendent is responsible for providing leadership for all drug and alcohol-related prevention activities in the entire school system. As the team leads, the principal must orchestrate the various programs in the school to reduce alcohol and drug abuse.

Again, the backbone of the program is the team approach. The Federal investment for each team is approximately $20,000. Over 300,000 volunteer hours are contributed over an average 12-month period. In addition, over that same period, the program generates about $4.2 million from non-Federal sources. This money, often raised through local community efforts and local business and industry investment, is used to further the prevention program in these communities.

In our 1985 budget, we requested $3 million for this program. This is an increase of $150,000 over the 1984 level. With this 1985 funding, we continue those activities that were already underway, and we have expanded our efforts to involve more parents.

Mr. Chairman, as you know, the solutions to the problem of alcohol and drug abuse are as varied as the people who are affected. Some communities have been hard hit with this problem. Others have been more fortunate. In each case there are far too many shattered hopes, and dreams, and broken families. Drug addiction, unfortunately, is too often the springboard to other problems, such as crime, unemployment, and child abuse.

No one solution works in every case. The interrelatedness of all these tragic social problems is complex and it is clear that there is no single way to reduce or eliminate them. The Department of Education recognizes this complex interrelatedness, and believes that assuring early awareness for children of the dangers of drug and alcohol use is one of the best methods of addressing this particular problem.

Our program built around the school-team approach which I have elaborated on today allows communities the freedom to develop policies and programs which best address their unique local needs. The program is self-sustaining. Once the Federal support is withdrawn, experience has shown that the team continues to work and serves as one of the most effective of our Nation's defenses against further drug abuse.

I will be happy to respond to any questions you may have. Thank you, Mr. Chairman.

Mr. RANGEL. Thank you.

Let me thank the panel and also to welcome Mike Strang, who is a member of our select committee, one of our outstanding members. He is standing tall, participating with us this week, and we certainly value that.

Let me start off with the questioning. Those who arrive late, we intend to question this part of the panel. We have had the international, the drug law enforcement, and education.

BEST COPY AVAILABLE

Mr. Secretary, most people believe that one of the most important ways to resolving this problem, getting a hold on this problem, is dealing with the problem at its source, and it has been said that the State Department is very pleased with the effectiveness of some of the programs that you have been recently able to lock into place, as well as agreements that you have had with heads of states that represent these countries.

Having said that, could you estimate the tonnage of heroin, cocaine, and marijuana that we should expect to be coming in at the close of 1985, compared to that estimate that we had for 1984, using State Department as well as U.N. data?

Mr. THOMAS. Yes, Mr. Chairman. We have estimated over the past few years that the approximate range of heroin consumed in this country was around 4 metric tons. That is pure heroin, and of course pure heroin is not what you would find on the street. This is a measurement technique.

This year's estimate for 1984 will be somewhat higher than the 4-ton amount, because of changed methodology in coming up with those statistics. As you know, it is very difficult to come up with the specific amounts, because of the clandestinity of its use. We are going to project somewhere in the higher range of 5 to 6 tons, but the number of heroin addicts, which has hovered around 500,000 in this country, will remain stable, as it has for a number of years, after a decline in the mid-1970's, and that the average age of the heroin abuser in the United States is slowly increasing, which means, of course, that less people are coming into the addict population, and over a period of time we could expect some decline.

Projecting into 1985, I would expect that number to stay very similar to that in 1984, Mr. Chairman.

Mr. RANGEL. That was heroin. Could you give us your projection for cocaine?

Mr. THOMAS. We estimate that in 1984 the tonnage of cocaine consumed in this country—and we are talking about a range, but the midpoint would be approximately in the 60- to 70-ton area. That is up over the past few years. According to the experts that have studied this in depth, there are a number of people that feel that the cocaine problem has basically stabilized at a very unacceptable level, I might add, very high, and that we may see some declines in the near future.

However, there is no doubt that the cocaine destined to the United States is only a small part of the problem. Unfortunately, the raw material used to make cocaine is in abundance, and cocaine traffickers as a result are now exploring new markets in the world. Many of our European allies are rapidly discovering that cocaine is entering their countries in record amounts, and we are cooperating closely with them to help them prevent the kind of problem we have had here in the United States, so we can expect, unfortunately, a very large supply of cocaine this year and next year. Hopefully we have seen the end of the increase, and will start to see some decline due to prevention.

In education programs, as people become more aware of the devastating effects of cocaine, we now know that cocaine is far more addictive than heroin, not physiologically but psychologically, and the many ruined lives associated with cocaine are becoming public

BEST COPY AVAILABLE

knowledge. This was not the case a few years ago, and as more and more of those stories are told, we expect that people that have been using cocaine or would use cocaine will either stop or not use the drug, because of its known effects.

Mr. RANGEL. And marijuana, Mr. Secretary?

Mr. THOMAS. I think marijuana is becoming part of the good news in the antidrug story. We expect a modest decrease of marijuana consumption in the United States in 1985. We estimated a very modest decrease in 1984, and that decrease will continue for some time, we believe.

The very good news is that according to the various surveys conducted around the country, particularly among young people, that marijuana use among high-school-age students has been declining since 1981.

Also on the international side, we have seen some dramatic decreases in production of marijuana in some countries, particularly Colombia. After many years of working with that Government, we estimate that this year the vast majority of the marijuana harvest will be destroyed or otherwise deterred from heading our way. So I think we will see some good news on the marijuana front, Mr. Chairman.

Mr. RANGEL. Mr. Secretary, with heroin, is it your testimony that we should expect 1 to 2 tons more this year than last year?

Mr. THOMAS. In pure terms, what that estimate is based on—and it will soon be published by the National Narcotics Intelligence Consumers Committee—is based on the fact that we are seeing higher purity heroin on the streets, and that this purity change, and perhaps underestimation of the amount used by heroin addicts is causing the adjustment upwards.

On the other hand, it is very important to point out that even though the tonnage may be up, the number of heroin addicts is not. In other words, the problem of heroin addiction is not worsening. The purity is going up. I might add, however, that causes another problem, often problems of overdose.

In this country, most people use a low-dosage percentage of heroin. In other countries that is not the case. In Europe, there is a much higher percentage of purity of heroin used. In this country, when people do use a higher purity, it often results in overdose deaths.

Mr. RANGEL. That just means additional problems, but we should expect a higher purity and 1 to 2 tons more than last year. With cocaine, while you estimate we should expect 60 to 70 tons of cocaine, how much increase in the estimate for 1985 should we expect as opposed to 1984?

Mr. THOMAS. I would expect the 1985 figures to be approximately the same as 1984.

Mr. RANGEL. And with marijuana, did your estimate take into consideration domestic growing of marijuana?

Mr. THOMAS. Yes; the overall estimate does take into consideration domestically produced marijuana, which Mr. Lawn may want to comment on. I believe we have a very effective eradication and interdiction program within our own country as well.

Mr. RANGEL. That modest increase, is that based on the high school study of use?

BEST COPY AVAILABLE

Mr. THOMAS. Based on the high school survey as well as some other data that is checked by our health officials.

Mr. RANGEL. Some experts believe that the high school data did not take into consideration marijuana abuse by dropouts. Is that woven into your projection?

Mr. THOMAS. Yes; but you have to take into consideration that the same data is collected year after year after year from the same sampling survey. As a result, the trends indicated in that household survey would not change. In other words, you may be absolutely correct. You are not sampling the entire population, but yet the trends, as you measure them over a period of time, because of the similarity of technique year after year, would indicate up or down. In this case it indicates down.

Mr. RANGEL. It is clear that with all of the success that we are having, and with the priorities given in our foreign policy, that we can only hope to look forward to a decrease in heroin and cocaine. Having said that, I would like to move to Jack Lawn, to determine priorities in terms of Federal law enforcement.

While we in the Congress applaud the efforts that have been made by the DEA in educational programs, and certainly the outreach programs with role models in sports, from the law enforcement position it has been my experience as a former Federal law prosecutor that the number of agents in DEA has not kept up with the size of the problem. This is not to say that the more agents you have the more effective law enforcement is going to be, but if I recall, in 1974 there were approximately 2,200 agents dealing with Federal law enforcement, in cooperation with local and State officials, and the primary problem we faced during those years was heroin.

Now, with bumper crops and the State Department reporting that in the area of heroin and cocaine that we should expect more coming into the country, I am advised that the manpower of the Drug Enforcement Administration is substantially the same. Could you explain is that true, and if it is, why have we not expanded our Federal effort in this area?

Mr. LAWN. Mr. Chairman, the figures you quote about the number of personnel in 1974 of 2,200 special agents continued to decline through the seventies, and declined until the 1980's, when the drug problem was declared a national priority. Since that time, each year, we have continued to receive additional special agent resources. We have continued to receive additional money, and we expect this will continue.

As recently as yesterday, I reviewed with the Department of Justice my 1986 budget, and I have testified before the Department of Justice budget committee on my 1987 budget, in both of these budgets there will continue to be increased resources for drug law enforcement.

Mr. RANGEL. Dr. Davenport, from the testimony we received this morning, it appears as though while the State Department is optimistic that we should still expect the results of what could be considered bumper crops, no matter how you describe it, to use the Secretary's language, 1 to 2 tons in high-purity heroin in addition to last year, and 60 to 70 tons of cocaine.

BEST COPY AVAILABLE

Most all of our data indicates that there is a wider abuse of cocaine, the number of people in emergency rooms has more than doubled, that casual use of cocaine is increasing, and so more and more people are saying that while we must continue our efforts internationally, while we must continue our efforts in law enforcement, that we really should concentrate on education and prevention

If I understand your testimony correctly, there is no Federal program, that you have annual meetings where you give assistance in creating task forces or school teams as you call it, but our committee has visited several cities, and we have found that the States who are responsible for primary and secondary education, many of them have no program at all, and so therefore you invite people to participate with the so-called Federal effort.

But if no one attends, is there a Federal presence in our schools as it relates to programs on education and prevention? And, in addition to that, you mentioned $3 million appropriation. I would like to know what is the total Federal budget for education, and what amount is set aside for prevention and education for drug and alcohol abuse?

Mr. DAVENPORT. The total budget is about $15.7 billion, and the total amount that is set aside for alcohol and drug abuse is $3 million. As to the Federal presence, Mr. Chairman, we have been working with people in every State and territory. I would certainly be pleased to receive a list of States that are not working in this area. Every State has been involved with us at one time or another in this program.

Mr. RANGEL. We just left Boston, and all the law enforcement people were telling us about education. It is really surprising to see the newly developed expertise they had. But when asked—I am talking about U.S. attorneys specifically—when asked what programs do you support, they didn't have the slighest idea what programs existed.

So I am asking now as a New Yorker, what programs do we have in the city and State of New York that the Federal Government has supported, and with this $3 million figure, how many students do we have in the category which the Federal Government would serve?

Mr. DAVENPORT. About 700,000.

Mr. RANGEL. How does that break out in terms of $3 million per student?

Mr. DAVENPORT. I would be pleased to provide that for the record. I don't have that with me.

Mr. RANGEL. I don't think it is important, but if we are dealing with $15.7 billion for the Federal presence, recognizing that it is the basic responsibility of local and State governments to provide the money for these education benefits, then how do you explain that with the priority that this administration has given to the drug problem, and certainly the social cost that is involved with those who abuse drugs? How do you explain this task force approach, rather than one that more directly involves the Federal Government in providing guidelines and programs for the State educational systems?

Mr. DAVENPORT. I think there is a misunderstanding. Ours is not a task force approach. We fund five regional centers which train school teams. These teams come from the local communities and the State agencies. We also hold five regional conferences bringing these teams and other key personnel together from the State agencies helping them share and improve upon what they have learned from our school-team training programs, and to help them resolve any problems which may arise in the program.

Mr. RANGEL. This is a volunteer program, isn't it?

Mr. DAVENPORT. Yes; the schools decide that they want to participate and make application to the centers.

Mr. RANGEL. That is my problem, doctor. As a Member of Congress, when people are asking what are you people doing, would my response be that we make available to those school districts that want to participate training programs for their personnel?

Mr. DAVENPORT. Yes, sir.

Mr. RANGEL. And if they do not participate, either because of lack of funds or lack of interest, would that be the end of the Federal presence in the area of education and prevention of our youth?

Mr. DAVENPORT. Lack of funds would not be a problem we pay for the teams to come for training.

Mr. RANGEL. A lack of interest?

Mr. DAVENPORT. Lack of interest, they would not be involved in the program.

Mr. RANGEL. And we would not have any tangible Federal program that we can say has been developed by our experts, to suggest or to direct that local teachers, superintendents, and State educational officials use as a model, that we from time to time could monitor or support in terms of funds; that doesn't exist?

Mr. DAVENPORT. We monitor those who are involved in the training. We do not monitor those who are not involved in the training. I am sorry that representatives from HHS are not here today. Some HHS programs and the programs of some other agencies address this problem more directly.

Mr. RANGEL. But it is true that all of the programs that we used to have in categorical grants have been eliminated and molded into what is referred to now as block grants?

Mr. DAVENPORT. Not all programs. The alcohol- and drug-abuse education program is not part of the chapter 2 block grant. However, if school districts choose to do so they can certainly utilize funds, chapter 2, funds, in addition to our alcohol- and drug-abuse program of $3 million.

Also, Mr. Chairman, as I explained earlier, the local communities involved in this program raise about $5.3 million.

Mr. RANGEL. So would I be correct in stating that the general view of the administration is that education and prevention as it relates to the Federal Government to encourage voluntary support in this area rather than Federal dollar support?

Mr. DAVENPORT. We believe there should be a partnership between the local education agency, the Federal agency, and the Federal Department of Education. We provide leadership and training.

Mr. RANGEL. The Federal Government's contribution to this partnership is $3 million out of a $15.7 billion budget?

BEST COPY AVAILABLE

Mr. DAVENPORT. $3 million is provided by the Department of Education, additional funds are provided by the Department of Justice and more dollars out of the——

Mr. RANGEL. Department of Justice?

Mr. DAVENPORT. Yes; they provide funds as does HHS.

Mr. RANGEL. My last question would be, Mr. Secretary, we all laud the efforts that have been made by the First Lady, not only in bringing together the 17 First Ladies coming from drug-producing countries around the world, but also her attempt to do the same for the United Nations. To your knowledge, has the President made this same type of effort politically to the heads of nations that are involved in producing drugs?

Mr. DAVENPORT. I think the State Department might be more——

Mr. RANGEL. That is what I meant. I am sorry, Dr. Davenport.

Mr. THOMAS. The answer is very, very affirmative, very, very much a solid yes. President Reagan, Vice President Bush, and Secretary Shultz, Attorney General Meese, and Attorney General Smith before him, have all insured that in any discussions they have, not only with heads of state but with key officials from narcotics-producing or trafficking countries, that the issue of narcotics is on that agenda.

I can assure you that in my role, where I of course follow very closely the bilateral discussions that are maintained between our Government and narcotics-producing and trafficking governments, that this is not only frequently if not always an agenda item, but often one of the top few agenda items to be discussed in a bilateral meeting.

Mr. RANGEL. Let me take this opportunity to laud your efforts in dealing with these countries, and certainly the committee, in following behind you, felt proud of the contribution you made. I probably didn't frame my question to you correctly. I will try again, though.

Taking into consideration the great work that is being done by Mrs. Reagan, in inviting to Washington, DC, the mothers and First Ladies of the world from those countries that are involved in drugs, which certainly is a mother-to-mother approach that we laud, has the President in a very political way called to Washington the political heads of states to do basically the same thing that his wife has done with the mothers?

Mr. THOMAS. A good example of just how that has been done, of course, is the economic summit process that I mentioned, whereby through the initiatives taken in narcotics control, this issue now will be a key discussion topic among the seven heads of state representing the wealthiest, free nations of the world. I think that is certainly a very strong political agenda, one that will be watched very, very closely by nations around the world.

Mr. RANGEL. Is this agenda being hidden for security reasons as it relates to drug production?

Mr. THOMAS. No. The agenda isn't yet formed. This is still a matter of discussion, and I would hope that——

Mr. RANGEL. So we are looking for the President following the lead of the First Lady in doing something similar with the heads of

BEST COPY AVAILABLE

states, inviting them to Washington, to the White House to discuss problems that they are having in drug eradication?

Mr. THOMAS. I think the President has made his posture very well known in the narcotics issue with heads of state. Whether it would be appropriate to have a meeting of that type or not I don't know, but there can be no doubt in the minds of heads of state representing narcotics-producing and trafficking countries, of the importance that President Reagan attaches to this issue.

Mr. RANGEL. That is not my field, foreign policy, but has the Secretary of State seen fit to take a page out of the First Lady's book and call together the foreign ministers in Washington or in the state department of these countries that the mothers so amply represented to discuss the international problem that we are having with narcotics production?

Mr. THOMAS. First of all, I think it is important to point out the First Lady's approach, the nonpolicy nature. This is a discussion, a collective discussion among concerned parents, concerned individuals about the drug-abuse problem. We are talking in terms of a political posture, when the President of the United States discusses the issue with other heads of state.

Whether it would be appropriate for President Reagan to do this on a collective basis or more appropriate and more effective to do it on a bilateral basis is his decision. All I can do is underscore that I am very satisfied with the attention that President Reagan and Secretary Shultz give this issue with their counterparts in every government where appropriate. This issue has not lacked for attention, I assure you.

Mr. RANGEL. I hope you don't consider this a criticism. The President is in the best position to know whether calling the heads of these states together is the appropriate thing to do, the same way his wife would believe that the nonpolitical approach she has taken would be her best style.

But you are saying that the Secretary of State does not believe that it would be productive to call together the foreign ministers of Thailand and the South American cocaine countries and Pakistan, and to discuss this matter from a political point of view, and especially as it relates to the economic, technical, and military assistance that we are giving most of these countries, as well as to trade agreements? You don't think that would be very productive?

Mr. THOMAS. I am saying that our agreements are on a bilateral basis, and that under those circumstances, it is always far more productive to discuss our problems country to country, to try and make certain that the agreements we do have are effective and are being implemented. Whether a broader more collective approach would serve those interests would have to be looked at.

Mr. RANGEL. Thank you. I assume Mrs. Reagan thought that the broader approach would be more effective than a country-by-country meeting with the mothers?

Mr. THOMAS. Mrs. Reagan's approach was seen to begin with as a worldwide effort to mothers, and is not intended to have a political content, although certainly it has had a far-reaching perhaps exceptional response so far, and that has helped the political posture around the world as well.

Mr. RANGEL. Thank you, Mr. Secretary. Governor Carroll.

BEST COPY AVAILABLE

Mr. CARROLL. Mr. Chairman, I have two questions. If the gentleman from the Department of Education would take just a moment, I would like to pose a question to you, sir, if I might. I would like to ask you whether or not the Federal Department of Education has conducted any surveys whatsoever among the dropouts of America to determine why they dropped out of school.

Mr. DAVENPORT. There have been some studies on that. We do know that——

Mr. CARROLL. Are they State studies? I know of some State studies.

Mr. DAVENPORT. There are some State studies.

Mr. CARROLL. Has any initiative been taken by the U.S. Department of Education to determine why America has such a tremendous dropout problem?

Mr. DAVENPORT. There are some studies on that, and I would be pleased to send you a list of those. We do know that students who skip school, do poorly in school drop out of school, are more frequent dropouts and use drugs than those who attend school and get good grades. We do know that those who go to religious services on a regular basis are more likely not to be engaged in drugs than those who have not. We do also know that there are some figures coming from broken homes, we know they are more frequently into drugs, and those are coming from the nuclear family. But yes, there are some studies.

Mr. CARROLL. Dr. Davenport, the basis of information that I can put together, it appears that at least 90 percent of the dropouts in America drop out of school because of the influence of drugs and alcohol. I am amazed at the lack of support that comes from any administration. I am not talking about this one. I am talking about past as well as present administrations, who have done so little to determine why kids are dropping out of school.

That is not a condemnation of you, sir. I don't want it to be meant that way, or to your present employers. I want to additionally share with you that we find in our work that denial is the biggest problem in America, and I will suggest to you, sir, that any volunteer program is not going to solve the problem, because the presence of denial doesn't even admit that it exists, so you are not going to find superintendents of education, you are not going to find principals in education coming to you for help, because they will not admit to themselves that they have got a problem in the first place.

Mr. DAVENPORT. I can just tell you that from the program that we are engaged in across this country, that has not been the case. We have been in every State and every territory in here, so it means there are a lot of superintendents and a lot of commissioners out there, and a lot of principals who are admitting that there is a local problem and they are asking for help.

Mr. CARROLL. That is not to say there aren't some?

Mr. DAVENPORT. And when we increase this funding next year, that we will have more than enough people from the teams of teachers and principals to make that up. That has not been the case in this country probably in the last 6 years.

Mr. CARROLL. I want to now turn to Mr. Lawn. Mr. Lawn, I, too, laud the efforts of DEA. I have a background in law. I happen to be

an attorney, and I have a background in prosecuting, and I am very familiar with your work. I really commend you for the increased efforts of this administration to try to catch those who are bringing illicit drugs into America.

I want to point to an area that you may or may not be familiar with, and that is State law enforcement, dealing with those in drug trafficking. My experience as a prosecutor, and my experience in the executive branch of government in Kentucky have led me to find that there is a conspiracy in many parts of our States between the professional bail bondsman, attorneys who practice before the bench, and some judges who see to it that those involved in drug trafficking never go to jail, and I can point to you State after State where that kind of thing is happening, and all you really have to do is look at repeated offenses of people who are involved in drug trafficking.

My question to you, Mr. Lawn, is there anything that DEA can do or has done to try to remove those kinds of cases from State jurisdiction to Federal jurisdiction, in order to get proper enforcement?

Mr. LAWN. Certainly the drug problem and the moneys generated by drugs invites corruption. We have seen corruption in our country at all levels. You mentioned bail bondsmen. The corruption has touched every level. It has touched local officers, State officers, Federal officers, attorneys, and judges. In one part of this country, very recently, the local sheriff was arrested for corruption. The local mayor was arrested because of corruption, and a representative from the city council was arrested at the same time.

While our role is drug law enforcement, we do work very closely with the Federal Bureau of Investigation, which investigates corruption of public officials. It is indeed a problem, because of the moneys generated by drug trafficking, corruption touches all levels of our society.

Mr. CARROLL. I might suggest to you that your Agency might consider something that we have done in Kentucky, and found it to be very effective. We have outlawed bail bondsmen. We put you in jail in Kentucky if you try to practice the art of getting anybody out of jail for profit. We are the only State in the United States that has done that. and I can tell you we have drastically improved our justice system as a result of it.

In conclusion, Mr. Chairman, if you will permit me, because I know our Federal partners are leaving, I had jotted down while I was on the airplane coming up through the storm a while ago the question of what do we do. I have got No. 1 here that I find that the greatest problem in this whole area is denial, and I suggest to you, as you were really saying a while ago, that there is no more serious domestic problem in America than drug and alcohol abuse.

It permeates everything else on which we are working, and I will go into that a little bit later. But I suggest that the President of the United States—and I wanted our two Federal partners who are remaining particularly to hear this, before they leave—I think the President of the United States ought to declare a state of emergency, bring every Governor of America immediately to Washington, together with congressional leaders and business leaders, and recognize that while we are talking today to the Russians about the

BEST COPY AVAILABLE

security of this country, the greatest threat to the security of America is destroying the minds of America through drug and alcohol abuse.

Mr. RANGEL. Congressman Strang is here from Colorado. Naturally any time you want to interject your comments, we welcome your doing that. We are glad that you were able to adjust your schedule to be with us.

Now we would like to take questions of the Federal panel before they leave, from our panel or from the audience. Assistant Secretary of State Jon Thomas is on the Federal panel, who is responsible for the implementation of international eradication agreements, and of course Jack Lawn, who is the lead national law enforcement officer of the Drug Enforcement Administration. We lost the Department of Education.

Are there any other questions that you would like to ask the panel? Because they do have to leave. Yes.

QUESTION. My name is Ted Richardson. I am from Miami, Dade County, FL, and I would like to ask the panel and state that while interdiction is important, what is the Federal enclave doing about treatment and the effects of interdiction?

Mr. RANGEL. Mr. Richardson, if you can hold your question. Part of this panel is Dr. Jerome Jaffe. He has been delayed by the storm. He will be with us, and I will make certain that you get that question in.

QUESTION. Thank you, Mr. Chairman.

QUESTION. I have one, Mr. Chairman. First I would like to apologize to you for being so casual. It is certainly not a reflection of how I appreciate this panel. It is because my bags were lost.

Second, to boost on Governor Carroll's question earlier to the Department of Education, there is one study that I would like to call your attention to, and that is the Lloyd Johnson study that comes out of the University of Michigan each year, talking about drug abuse among high school seniors.

Now, that to me is a travesty, because if you look at high school seniors, that is the cream of the crop of American youngsters who get to be a senior in high school, and particularly in the urban areas of this country. They report that there is a reduction in marijuana, there is a reduction in the use of heroin and other substances of abuse, but what they are looking at are the best people in the country.

They don't look at those 45 percent of the youngsters who drop out in the 10th grade in New York City, in your district, Mr. Congressman. It is to me when we look at studies like that, that are funded by the Federal Government, and are taken with great seriousness to influence polls and funding and direction of where money should go in prevention, it is a travesty, and I think that should be looked at very closely.

Mr. RANGEL. Thank you, Doctor. Yes, ma'am.

QUESTION. My name is Rita Skyler. I am from Durham, NC. I went to Hatack Development Corp. I came in kind of late so I missed almost everything, but my question is: Why is it that the young people and the small drug dealers are always picked up? They always seem to—after hearing these people's lives are messed up by law enforcement, they are arrested, sometimes they don't

BEST COPY AVAILABLE

have people to push them from this direction to the best direction that you are giving, that their lives are messed up, and then you have always got these big dealers that are still left there with all this money in their pockets, still pushing these drugs, still messing up the minds of young Americans.

I myself have tried some drugs. I have tried some drugs, and I can say that I got the right people to take me and put me on the right road, send me in the right direction. Everybody doesn't get that. That doesn't come from everywhere. Why isn't it that some of these big people aren't taken off the streets? Because it doesn't always come from the small dealers. The small dealers cut theirs and cut theirs and step on it and step on it but there are still big quantities up there, and I think some of this comes from government too.

Mr. RANGEL. Mr. Lawn.

Mr. LAWN. Certainly I appreciate your perception, but in fact the major dealers are being dealt with. This administration established what we call the Organized Crime Drug Enforcement Task Forces. These are task forces represented by members of Internal Revenue Service, Alcohol, Tobacco and Firearms, Drug Enforcement Administration, the FBI and State and local police officers. Forty percent of the personnel involved in these task forces are State and local officers.

I reviewed the statistics for these task forces on Sunday of last week, 5 days ago. There have been over 1,700 cases involving major traffickers. Ninety-two percent of the persons who have been convicted were class 1 violators. These are major violators. It may appear that law enforcement is attacking only the person on the street corner, but that perception is not an accurate one.

Mr. RANGEL. Mr. Director, let me ask this because what the gentlelady from Carolina is talking about perhaps could be considered perception, but for those of us that come from big cities, we have reached the conclusion that it is impossible for our existing local police to effectively enforce the law with drug trafficking, and because of the overcrowding situation of our jails, our court calendar, the rejection by district attorneys of certain cases, that many police find that even when a felony transaction has taken place in their presence, that they cannot effect an arrest, one, because of fear of corruption. There is a policy that it has to be handled by the narcotics squad; but two, that they don't believe that they would have a sufficient case to stand up in court.

What has happened around the country is that the citizens, seeing this type of open trafficking, are allowing this to happen or may be a part of the problem, and I can't think of any city where this committee has gone that we have not had field trips. Certainly in the city of New York, where we would welcome taking anybody from the Federal Government to show that there are certain areas that are really set-aside, that are no-man's-land as relates to drug trafficking.

In New York we are proud of the fact that we move them around from time to time, but certainly whether we are talking about the Harlem task force, the Washington Heights task force, the East Side task force, could you not understand how some of the people who live in these communities and who see the patrolman in the

BEST COPY AVAILABLE

police car, and many of whom report what is going on, how they may believe that law enforcement is a part of the problem?

Mr. LAWN. Certainly. I think the chairman mentioned earlier about the loss of manpower of the Drug Enforcement Administration over the past 10 years. It was during that same period when Federal law enforcement, not only the Drug Enforcement Administration but other Federal law enforcement agencies lost considerable manpower during that period in the seventies, that the same thing happened in local law enforcement.

The city of New York, my home, lost about 25 percent of its city police department. Today the New York City Police Department is perhaps 28,000 strong. Only 300 officers in the New York City Police Department handle drug law enforcement. Therefore, DEA works very closely with the New York Police Department.

In fact, there are more transit officers in the city of New York than there are DEA agents throughout the world, so it is important that all of us work very closely together. Certainly, as you say, when a task force goes into my home, into the Bedford-Stuyvesant section of Brooklyn, the traffickers will move several blocks away.

It is not a battle that is going to be won in the short term. It is a battle that I believe is moving forward. I maintain that we are having successes, and that success is not only in the law enforcement environment but success in that every citizen in the country now realizes that he or she has a responsibility to do something about this problem. It is not Jack Lawn's problem. It is not Congressman Rangel's problem. It is not Jon Thomas' problem. It is a problem for all of us. We must face the reality that this problem is going to affect every one of us. Every one of our families is going to be involved in solving the drug problem.

Mr. RANGEL. One of the major problems that we are facing, Administrator Lawn, is that in order to have effective law enforcement, you really need the confidence and the support of the community. In order to have prosecutions, you need witnesses, and if it is perceived that cooperation, giving information, is not going to be followed up by swift law enforcement, then that one great quality that we need to at least get a handle on this situation will be lost, and I think that perhaps we ought to have some seminars to find out, especially in our major cities, how many people would believe it would be ridiculous to call the police to talk about drug trafficking that is taking place on the corner, or to give a license plate number of people who are coming into the community with foreign license plates, that are foreign to the community, whether they would believe that anyone would respond to that call.

The tragedy is that when you have that good information, people are not going to call, and therefore, we lost a lot of what is necessary in order to have effective law enforcement, so again with most of our Federal problems, it is the belief that priorities have to be given to the local and State governments, and so what the gentlelady is talking about, we don't have anybody here to talk about local and State governments.

He can only talk about the cooperation he has, but I can tell you, gentlelady, that we have local communities that are so poor, that lack so much money, that they don't have the strength and the re-

sources to join in the partnership with the Federal Government, and that is tragic.

Mr. LAWN. I would like to say in supplementing what the chairman has said, last year members of this committee, Members of this Congress, saw that there was a problem with enforcement not having perhaps all of the resources they should have. A bill was passed by Congress which enables us, the Federal, State, and local law enforcement entities, if we are working on a case and we take money from a trafficking organization, that money is then divided among the number of agencies that work the case, and the money is turned back to those local or State police jurisdictions.

Even during a time of fiscal constraint, what we are doing is taking the traffickers' money and using that money to support local law enforcement to use against the traffickers, and Congress should really be applauded for that effort.

Mr. RANGEL. Congressman Strang.

Mr. STRANG. Thank you.

I would just like to followup a little bit on the lady's comments. I come from western Colorado. We don't have quite the same problems as New York. We don't have any big cities, but we have a very serious drug problem. We have one county, for example, in which it is estimated the largest cash crop in Delta County, CO, is marijuana; illicit marijuana, mostly raised on Federal lands. But if you look at this, you are talking about the fact that it appears that the little dealers are the ones that are getting nailed.

The reason we have a drug problem in this country is because we have an affluent, permissive society, and nobody has really had the guts to stand up and really get strong, and it has become—we see celebrities as role models doing these kinds of things. If we can make the market no good anymore, nobody will sell drugs, because you don't sell things unless you can do it for money, and the way you start, you do your interdiction, as they do at the Federal level.

You have got to keep that up, you have to have stronger laws, but the real interdiction starts, you can't start in high school. That is too late. It starts with the little kids, and it should be mandatory, because the interdiction, the real interdiction and the drug problem in this country is in the hearts and the minds of children, and so I think that our role as Congressmen should be to encourage funding of programs that are aimed toward a mandatory drug education and a good one, not just horror stories, but a real understanding of what drugs are, because there goes the market, and so I appreciate your comments.

Mr. RANGEL. Let me thank this panel. Some of you may have questions that you will think of later. Some may have questions now. Please write those questions down, and make certain that I get them before we break up this morning, and I assure you that they will be placed in the hands of the State Department, the Department of Education, and if you get an answer from the Department of Education, let me know, because I haven't been that successful.

I want to thank you, Mr. Secretary, for coming and certainly Jack Lawn from the DEA, we thank you for taking time out.

Mr. RANGEL. We will move on to our next panel.

BEST COPY AVAILABLE

TESTIMONY OF JULIAN CARROLL, FORMER GOVERNOR OF KENTUCKY

Mr. CARROLL. Thank you very much.

I want to first thank the committee for this hearing today. One of the major problems we have had regarding alcohol and drug abuse is the fact we have simply not given it high-level attention and I am pleased to get an opportunity to come and do this today.

I mentioned a while ago in one of my questions to the Federal participants that I considered the problem of drug and alcohol abuse in America is the most important domestic issue, and I sincerely believe that, and I want to give you some reasons that I have jotted down this morning as to why I consider it our most important domestic issue.

First of all, drug and alcohol abuse consumes family and individual funds that are needed to buy food with, to buy clothing with, and pay the rent. The source of most of our welfare recipients, and I will give you a couple of quick statistics that apply specifically to my State of Kentucky, to support what I say there.

We find that 99 percent of our welfare recipients in Kentucky in the male category are former high school dropouts. We find that 90 percent of our female welfare recipients in Kentucky are high school dropouts, so what we are effectively doing in our high schools is breeding welfare recipients, by our failure to graduate them and make them productive citizens.

We find that drug and alcohol abuse constitutes most of our prison population. A recent survey in Kentucky found that 80 percent of our prison population had drug and alcohol abuse problems and were in jail because of drug and alcohol abuse problems, and by the way, we found that 70 percent of our prison population were high school dropouts, so again we are putting our high school dropouts in prison, after they end up getting in trouble.

We find that drug and alcohol abuse contributes substantially to the cost of health insurance, raises tremendously the number of job-related accidents, contributes substantially to the rising tide of Medicaid cost.

At the moment in Kentucky we have a major task force at work trying to find out how we can stop the tremendous cost of paying for Medicaid, and yet we do not pay as a part of the Medicaid program drug and alcohol abuse treatment, so we let you go on and have your alcohol and drug abuse problem until it finally gives you heart trouble or gives you some other health problem, and then we pay for treating the symptoms that come from drug and alcohol abuse.

We find that it continues to raise the cost of law enforcement. Obviously, it diminishes productivity.

Our figures show that approximately 25 percent of America's work force daily are on drugs and alcohol of some kind. We find that it indeed lowers the intelligence level of our population, which to us is a serious problem.

We have had a lot of studies in our State, and I find this going on nationally a tremendous concern for the quality of education, and yet I find an absence totally of any consideration of what drugs and alcohol are doing to education. I suggest to you that if

BEST COPY AVAILABLE

we can solve the problem of drug and alcohol abuse in the schools of America, we have probably made the best contribution that we could possibly make to raising the level of education.

I want to turn now to a couple of more statistics that I think will certainly support the work of the committee today, to show the level of the problem. In our State, we have a tremendous dropout problem. I served as Governor of Kentucky for 5 years, part of a previous term and a reelection term of my own.

I fought drug and alcohol abuse as a general problem. I was obviously concerned with it as a general problem in our society, and I fought high school dropouts, but no one ever came to me as the chief executive of our State and said:

> Look, Governor, the reason we have all these high school dropouts is because of their drug and alcohol problems, either because they were a participant themselves, or they were from a peer group that got them in trouble as a result of drug and alcohol use, or they were from families who indeed had drug and alcohol problems when the kids themselves may not have had such problems.

I went through 5 years as the chief executive of a State, up until 1980, and did not know the level of the problem in our own State, and I suggest to you today that that is one of our major problems.

The legislators of America, I suggest to you that probably most of the Members of Congress, I suggest to you most of the Federal bureaucracies, most of the State bureaucracies, most of the businesses, do not understand the level of the magnitude of the problem in America, and we are not going to solve the problem until we remove that denial, at least to a tremendous extent, from our society.

Now, additionally, we find that when we started our program in Kentucky, that we felt like the best approach was through our school systems, some sort of prevention program, an intervention program, and certainly a rehabilitation program.

We weren't long until we recognized that we were talking to the wrong individuals, that we should be talking to their parents, because as such, the drug and alcohol problem comes from the home. It doesn't come from the school. It is simply effectively removed from the home to the school, for various reasons.

Then we started concentrating on employee assistance programs, and our primary effort now in our State is to design and implement employee assistance programs in industry, to try to reach parents. Obviously we cannot reach them by going door to door and knocking on someone's door and saying, "We want to talk to the adults in this household about your drug and alcohol problems," we are attempting to approach them through industrial programs that we call EAP's, employee assistance programs.

I would tell you it is amazing to me how little industry have such programs. Only the major corporations of America, such as General Motors, General Electric and the like, have employee assistance programs. The great majority of your medium-size to small industries do not have employee assistance programs, and do not have access to employee assistance programs.

I really felt like today in coming that I at least ought to have a suggestion, knowing the magnitude of the problem, as to what do we do, and that is one of the reasons I suggested earlier to our Federal partners that I really believe that while the President even

BEST COPY AVAILABLE

today is concentrating on his work with the Soviet Union, in trying to bring about international peace, and I really would like to suggest, and I am quite serious about this, I really do not think that America has a great deal to fear in weapons in the security of our country.

I think the security of our country really is being threatened more by this very silent means by which we are allowing our country to be taken over, so to speak, in many areas of our law enforcement, many areas of our governments, in many areas certainly of our industrial leaders, in our sports, by the permeation of drug and alcohol abuse, and it absolutely frightens me when I see it happening, and I see really all this drug enforcement going on, but I know full well that in my judgment there is no magnitude of Federal law enforcement that is going to solve the problem of drug and alcohol in America.

I repeat that. I don't care how much money you pour into trying to stop the drugs from coming into this country. I don't say you should stop it. I am saying I don't care how much you spend to try to stop it. Cocaine, heroin, marijuana being brought into America, that is not going to solve the drug and alcohol abuse in this country.

Second, I would like to suggest, and I really am sorry that our friends from the Department of Education are already gone because again I want to emphasize that a voluntary program asking the principals and the superintendents of America to step forward and let us solve your drug and alcohol abuse problem simply will not and has not worked, because in our own home State we find numerous superintendents of schools, we find numerous principals—very few classroom teachers.

If you really want to know what is going on in the schools, talk to the classroom teachers. They will tell you. They will tell you they have no support from the principals. They will tell you they have no support from the superintendent, and indeed, if you want to know who is trafficking at the school, talk to security forces. They will tell you the license numbers of the cars. They will tell you the names of the individuals coming to the schools every day and selling out of the backs of their cars, so if you really want to know what is going on in the schools of America, most often you find out by talking to classroom teachers.

Many of the school superintendents, many of the high school principals are concerned and they are doing something about it so it is not a blanket indictment.

I would like to suggest in this area what we have called in Kentucky a truancy intervention project. I know in Kentucky in 1978 in our largest metropolitan center of Louisville, where we had 23,000 truants annually, and we put together a partnership of our local juvenile courts, our local school board and our State Department of Child Welfare, and when a child became a truant, we gave the child the alternative of going to a truancy school or going to confinement, juvenile delinquency confinement. We did that through the cooperation of the courts.

Well, I tell you, we got 100 percent participation that way, by getting them to go into the truancy project.

BEST COPY AVAILABLE

What did we do? We took the children and found out why they were about to become dropouts, why they were having problems attending school, why they were not making good grades, why they were involved in drugs and alcohol use.

We required the parents or guardians to attend the truancy project with the child. After a 2- to 4-week period, we then turned around and put the child back in the school, and I want you to know our experience in Kentucky was that we had a better retention rate with that classification of students than we did the rest of the school, once we dealt with their problem.

I will suggesst to you, though somewhat apologetically, and I am ashamed to say that our 1980 session of the General Assembly and our governor abolished the project. They didn't understand that it was accomplishing anything effectively so we no longer have it in Kentucky.

I want to last suggest a third point, and that is I really think Federal legislation ought to require an employee assistance program or at least access of all employees in America to an employee assistance program through all industry.

Thank you, Mr. Chairman.

[The statement of Mr. Carroll appears on p. 59.]

Mr. RANGEL. Let me thank you.

I just want to say to our participants and audience that sometimes in the poorer communities, and especially the black communities, this problem has in the past been pictured as a minority problem.

Mr. CARROLL. It is not.

Mr. RANGEL. But when we find a Governor like you, a former speaker, a lawyer that is prepared to weather Hurricane Gloria to share as an American your participation not only to identify the problem but to work toward the solution, then we feel that we have got a strong partner, and we appreciate your contribution.

Mr. CARROLL. I appreciate your invitation.

Thank you very much.

Mr. RANGEL. From the city of New York, Victor Herbert, who is the superintendent in charge of dropout prevention that will pinpoint the problem that we are discussing today.

Thank you for coming.

TESTIMONY OF VICTOR HERBERT, SUPERINTENDENT IN CHARGE OF DROPOUT PREVENTION, NEW YORK CITY BOARD OF EDUCATION

Mr. HERBERT. Thank you, Mr. Chairman.

I am delighted to be here from New York. As with all the others, it was a hard journey, but I am glad to be here because I can't think of anything more important to do than to talk about these two issues: drug abuse and dropping out of school.

Two years ago, Secretary Bell focused national attention on young people leaving schools by revealing that the national dropout rate is 27.2 percent. In this country, nearly one out of every three young people does not complete high school. For minority students and in the urban centers, the rates are much, much higher.

BEST COPY AVAILABLE

In New York, for example, the current dropout rate is 42 percent. It is approaching the point where every other student entering high school leaves without a diploma. If the dropout rate were one percent in New York, that would mean 2,500 lives would fall by the wayside; 2,500 people leaving school and graduating to welfare, to unemployment, to street crime.

Ask anyone why young people drop out of school. Four or five reasons are repeatedly given, and high on the list is substance abuse. Throughout the Nation, drug and alcohol abuse among young people is a very serious concern. In New York State, one out of every four people in the State aged 14 and older has taken an illegal drug or used a legal drug without a prescription.

Nationwide, an estimated 3.3 million young people between the ages of 14 and 27 are problem drinkers. Most disturbing are reports that substance abuse is on the rise among very young children.

We as a nation pay enormous costs when students drop out of school. We cannot estimate the cost of wasted potential—but it is clearly too high. The costs of welfare, unemployment, and youth crime are more obvious. For example, a 1977 study by the Economic Development Council calculated that youth crime, much of it drug-related and most occurring during school hours, costs New York City alone $329 million a year. Clearly, concerted and focused efforts must be made to keep students in schools. We all know this instinctively.

A recent New York Times poll revealed that average New Yorkers consider crime the number one problem in our city and education the solution to that problem.

Chancellor Nathan Quinones of the New York City public school system appointed me last February to head a major dropout prevention program. Mr. Levander Lilly, a special assistant to the chancellor, who is here with me has been involved in New York City's school-based drug abuse programs for years. He and I will be delighted to answer any questions when I finish this presentation.

It is so obvious that the connection is there between drug abuse and young people dropping out. We know, as I have already said, that there are young people dropping out of school specifically because they abuse drugs.

Drug counselors in New York City school-based programs are trained to look for symptoms in youngsters that lead them to drugs or alcohol. Some of these symptoms relate to school, such as truancy and poor academic achievement. Others have to do with peer relationships, such as membership in street gangs, isolation, and pregnancy. Still others relate to the family.

The troubled youngster who turns to drugs will almost certainly leave school. Studies of why students drop out of school come up with an amalgam of reasons: low achievement, personal crises, financial needs, family problems, and health-related issues. In addition, most of these students have a poor self-image and express a sense of "not fitting in" at school.

To keep young people in school, we must look for these signs of trouble and intervene to help students deal with them. We must do this as early as possible in order to prevent later, more serious problems like using drugs, and we must also be prepared to help the youngster who is already at the threshold of crisis.

Schools alone cannot solve all of these problems, but schools must take the lead. Recently, Chancellor Quinones described the central importance of schools in helping children build better futures for themselves. Schools are expanding their role—offering not only instruction, but other needed services as well, services to address all of the problems that children bring into the classroom.

To accomplish this, the schools enter a three-way partnership with the public and private sectors. This partnership is an equilateral triangle. The importance of each side is equal to the others, and the role of each complements the others.

The public sector includes community-based organizations working in New York on contracts inside the school to deal with some of these problems. In addition, there are public agencies coming voluntarily, and there is a bevy of city agencies.

These organizations come into schools to provide treatment, direct services, or to make referrals. They address the myriad problems that act as impediments to learning. Certainly drug abuse is one. By working together, the schools and the public sector can remove some of these impediments.

The private sector has a role in this effort, too. It must do what the other two partners cannot do—offer jobs and on-the-job training, provide "extra" incentives to students and teachers, provide up-to-date equipment and expertise, to name only a few of the many possibilities.

The New York salute to incoming high school freshmen is another example—and I will be happy to fill you in later on the details of that. You may have heard of it. It is a demonstration of the way that the private and public sectors have come together in New York to provide incentives that include dictionaries, T-shirts and calculators and any number of other things that say to the young people in New York, "We expect you to go to school. We expect you to stay in school."

In addition, Chancellor Quinones has called repeatedly for a guaranteed job for every New York City high school graduate in 4 years. We now have from the city university system of New York a signed pledge of admission from the Chancellor Joseph Murphy to every ninth-year student saying that if you complete high school, you will have a seat in college. We now need to add the job.

The refrain of what I am saying is simply collaboration. When a student comes to school and says, "I didn't do my homework because my father got drunk and beat me up," there must be someone for that child to talk to. The teacher can't always do it. The counselor can't always do it, but perhaps that caseworker now serving in the school as an immediate referral and treatment source might be able to do it. That is what the public sector can do as a partner.

When a student says, "I have to quit school because my mother lost her job," there should be more and better widely available part-time jobs, summer jobs and ultimately guaranteed jobs for graduation available throughout the community. Certainly in New York that should be a possibility.

When a student begins to drift or to fall asleep in class, there has to be a responsive school community able with the resources to di-

BEST COPY AVAILABLE

agnose perhaps simple fatigue or perhaps the more serious symptoms of the beginning of a drug abuse problem.

Every child is our client. Whatever that child brings into the classroom must be addressed, whether or not it falls under the traditional school concerns. Our services must be comprehensive and coordinated. We must look at the whole child, and all of the people in the various programs, departments, and agencies who work with that child must talk to each other and work with each other. In this way we avoid duplication and omitting those needed services.

The New York City public school system has examples of this collaboration throughout all grades and all levels of schooling. They have increased recently with the dropout prevention program, and with the State-funded attendance improvement and dropout prevention program.

One specific example directed to this problem is Project Specda, short for the school program to educate and control drug abuse, which has received a lot of attention recently. This program focuses on fifth and sixth graders and is run jointly by a unique collaboration in New York with the board of education and the police department.

These programs, as well as many others too numerous to mention use the collaborative model, and they provide the array of services that we know high-risk youngsters need: personal counseling, attendance outreach, health services, academic remediation and enrichment, employment and job counseling, family services, drug counseling, and more. Some provide these after school, some during the school day, some operate entirely in the school building and others reach out into the community.

There is a variety in the details of program operation, but the underlying principles are the same: work together and work with the whole child.

In New York City, we believe we know what works. There have been encouraging signs of that recently. Last year, attendance went up at all levels in our schools. Student achievement has also been steadily improving for some years now.

An analysis of our most recent dropout statistics revealed some very interesting information: Students enrolled in occupational education programs are three times more likely to stay in school than students not enrolled in these programs. This is a powerful argument for providing employment and training and proposals through the private sector.

That is the good news. We think we know what to do. At this point, however, our efforts are still very much a beginning. Our State and city governments have joined us in those efforts, and the Federal Government must do so, too. We cannot continue to apply Band-Aids to bleeding people to work piecemeal. We must all join hands and reach out to every single child and address the entirety of that child's problem.

As Ernest Boyer wrote in his report on American high schools, "To push for excellence in ways that ignore the needs of less privileged students is to undermine the future of our Nation."

Our children are that future. They are the most valuable national resource, human capital we have. I believe that together we can help each child develop his or her potential to the fullest. This will

BEST COPY AVAILABLE

make the future brighter, more prosperous, more peaceful for all of us.

Thank you.

Mr. RANGEL. Thank you, Mr. Herbert, for a very informative statement.

[The statement of Mr. Herbert appears on p. 69.]

Mr. RANGEL. From Chicago, a member of the executive committee of the national association, Ms. Pearl Mack.

Thank you for being with us.

TESTIMONY OF PEARL MACK, MEMBER, EXECUTIVE COMMITTEE, NATIONAL EDUCATION ASSOCIATION

Ms. MACK. Thank you Congressman Rangel.

As I stated, I am from Chicago which is very similar to New York. When there are headlines to be given on this issue, we oftentimes find ourselves there.

But I would like for you to know as an executive committee member of the National Education Association I am privileged to have a very broad, and wide perspective on this issue; and that is what I wish to bring to you today, as we discuss the dropout problem and drug abuse. It is that national perspective and hopefully, strategies that we will all be able to utilize as we deal with the problem, that I want to share with you.

Today, in communities across the United States, the use and abuse of drugs directly affect both student performance and behavior. Drug abuse and dropout rates, in fact, are closely interrelated, as are the academic performance of students and the dropout problem.

This connection is documented by work conducted in two Philadelphia high schools by the Philadelphia Polydrug Research Center. As was pointed out earlier, we don't have a great many Federal documented research papers to work from.

The Center's study focused on ninth, tenth, and eleventh grade students during the 1980–81 school year. The center's conclusion:

> While drug use may not be the whole cause or the main cause of dropping out from high school, but only a concommitant of an earlier state of disaffection from school, it is nevertheless clear that drug use by adolescents interferes with academic progress in high school and contributes significantly to dropping out of high school.

The Philadelphia study which is not a Federal study, found that of those students who had dropped out, 80 percent used drugs; over 67 percent used drugs to a significant extent, at least weekly; only about 20 percent did not use drugs.

The study also discovered that of those who graduated, not the 45 percent who did not, but of those who did: 58 percent used drugs; 35 percent used drugs to a significant extent; and 42 percent did not use drugs.

The Philadelphia study considered a student to be using drugs if he or she had: used marijuana or alcohol on an average of at least once per week during the preceding 3-month period; used any illicit drug other than marijuana during the past year.

Of the 598 students from the two high schools involved in the study, 35 percent—over one-third—had dropped out prior to grad-

BEST COPY AVAILABLE

uation, 53 percent graduated on time, and 12 percent either continued in high school or their status was unknown.

The study sample was 53 percent female and 47 percent male; 61 percent were white and 36 percent were black.

This Philadelphia study is uniquely different and important. As an article in the April 1985 issue of Adamha News—published by the Alcohol, Drug Abuse and Mental Health Administration of Health and Human Services has stated, "The study is particularly important because it shows a direct relationship between drug use and the high school dropout rate."

There are other disturbing statistics about how substance abuse affects the youth of today. They help explain why the Nation's dropout rate stands at an intolerable 25 percent.

According to the Research Triangle Institute's 1978 national survey of alcohol use among senior high school students, the most definitive, all-student survey: over 1.6 million or nearly 15 percent of senior high students are estimated to be weekly heavy drinkers; among youngsters who drink, 29 percent had their first drink—not just a sip or taste—by age 14 or 15; the prevalence of alcohol misuse is higher among 10th and 12th grade boys than among girls; in 1978, 38 percent of boys were abusers compared to 20 percent of girls. Youthful drinking patterns show racial differences. As mentioned by Governor Carroll, this is not one problem that exists for one people. Heavy drinking is four times as common among white as among blacks, and twice as many blacks as whites are alcohol abstainers; however, the risk for alcohol abuse increases dramatically for blacks as they reach maturity.

Dr. Primm earlier alluded to the National Institute on Drug Abuse that sponsors the annual survey of drug abuse among high school seniors, and was conducted by Lloyd Johnston of the Unversity of Michigan. This comprehensive study which was reported out in 1984 indicated: Most alcohol users state that their first use of alcohol occurred between the seventh and tenth grades. More than 10 percent say they had their first drink during the sixth grade. I am a fourth grade teacher, and I want you to know that alcohol use goes as low as third grade. We have dealt and discussed and want to identify more strategies to stop this abuse. 54.9 percent of seniors report using marijuana at least once during their lifetimes; 40 percent report using it during the past year; 25.2 percent during the past month; and 5 percent report daily use.

Most marijuana users report their first use of the drug between the seventh and tenth grades; over four percent say they began in the sixth grade. Statistics from New York State paint an even more distressing picture. The New York State Divison of Substance Abuse Services revealed the following facts in October 1983:

In New York State, 1 out of every 10 junior and senior high school students describe themselves as "hooked" on alcohol, and some say they have even been drunk in class. Sixty percent of secondary school students use illegal drugs or abuse prescription drugs. Nearly a third of all seventh graders say they had used drugs before entering that grade.

Nearly 1 out of 4 students report using marijuana and alcohol; 6 percent say they use cocaine and alcohol, and 11 percent say they mix alcohol with various sorts of pills. Sixteen percent of white stu-

COPY AVAILABLE

dents call themselves heavy drinkers; while only 5 percent of blacks and 8 percent of Hispanic students do.

The dropout rate in New York State schools is as high as 66.7 percent in just a single school. One more fact that dramatizes the extent of the problem: HHS Secretary Margaret Heckler stated in the March 1983 Conference for Youth on Drinking and Driving that "alcohol-related traffic deaths constitute an epidemic in our society that is harder to fight than polio." The conference was held because drunk driving is the leading cause of death among young Americans ages 16 to 24.

The National Education Association is and has been concerned about school dropouts. This year, the NEA representative assembly, our association's highest policymaking body, authorized the setting aside of one dollar from the dues of each of our 1.7 million members for a dropout program called, "Operation Rescue."

Through this special program, to begin during the 1986–87 school year, NEA will provide up to $700,000 to fund dropout and illiteracy prevention programs designed and developed by the members of our school affiliates, we do believe teachers know the problems, and they have in their heads some of the solutions. The remaining $1 million will be invested to become a permanent funding source for future educational excellence initiatives.

NEA is concerned about the drug abuse and dropout connection, because roughly one in four of today's school-age children will not graduate from high school. The National Center for Education Statistics reports the average U.S. high school graduation rate is 73.9 percent with a high of almost 95 percent in North Dakota, and a low of about 57 percent in Louisiana.

The NEA is also concerned about substance abuse by young people. NEA Human and Civil Rights held a session on drug and alcohol abuse at its 1985 Conference on Human and Civil Rights in Education.

In addition, NEA has gone on record to: recognize the need for improved educational programs about drugs; urge legislation leading to the standardization of drug laws and prohibiting the production, sale, and distribution of drug paraphernalia.

We support strict enforcement of the legal drinking age including Federal legislation to establish a uniform legal drinking age of 21. If a state does not raise its drinking age, we do believe it should lose the 5 to 10 percent of its Federal highway funds.

We support the establishment of substance abuse rehabilitation centers that are designed to help juvenile abusers and their families.

One may ask, as many often do, why are NEA and its members so concerned and actively involved in dealing with the drug problem. We state to you we are concerned for several reasons.

First, it is our recognition that drug use affects education. According to Richard Hawley in an American Council for Drug Education publication, "A School Answers Back: Responding to Student Drug Use," Rockville, MD, 1984:

> All the processes with which drugs interfere are crucial to learning and to maturation. From the onset of their pubescence, children are challenged to master and channel intense feelings. If in this process they take drugs which both break down

BEST COPY AVAILABLE

controls over feelings and infuse users with irresistibly pleasurable feelings, maturation will be stunted.

In addition, Hawley says, children are exposed through their education to a program of increasingly complex operations. Drugs in all combinations break down complexity as well as the ability for children to sequence steps, to attend, and to think critically.

Second, NEA is concerned because the atmosphere of a classroom of 30 students or more is profoundly affected by the passive or irritable presence of even a few users who cannot function because of intoxication.

Third, substance abusers diminish the effectiveness of teachers.

Fourth, and finally, the teacher-student relationship is greatly strained by the tension produced by an intoxicated student. According to Hawley, teachers are forced to entertain a complex of unpleasant feelings when they are required to confront that student: Of intruding into the student's private world; of awkwardness in talking about drugs; of not knowing how the student will respond; not knowing how the parent will respond; and not knowing what feelings anger and rejection will produce.

Students' abuse prevention programs have taken three forms: peer pressure programs, school education and disciplinary programs, and assertiveness programs. Successful programs involve all elements of a community.

According to "Adolescent Peer Pressure," a publication by the Alcohol, Drug Abuse, and Mental Health Administration of the U.S. Public Health Service, peer pressure programs can address many of the factors that are associated with problem adolescent behavior.

These programs aim to enhance the positive impact of peer groups by providing a healthy support system for adolescents.

The majority of these peer programs are initiated by community-based agencies, and are based in schools. Others are based in community agencies, such as Y's, boys' and girls' clubs, recreation centers, and Planned Parenthood Centers.

Street programs which deal with youth after they have become substance abusers, reach dropouts and pushouts.

Peer programs have evolved in several different ways: positive peer influence programs enhance self-esteem, problemsolving, and decisionmaking skills. This variety of peer programs emphasizes group interaction.

Peer teaching programs provide information and meaningful roles and responsibilities at a time when youths feel isolated. These programs emphasize the role of young people in conveying information about literacy or health.

Peer counseling/facilitating/helping programs help young people solve problems and cope with challenges, including family problems and problems with friends. These programs emphasize the role of the peer group member as a helper of others. The act of helping is often the first opportunity a youth has to experience meaningful responsibility.

Peer participation programs provide real tasks and responsbilities with adult guidance. They give students decisionmaking powers and responsibilities that may place them on a peer level with adults.

BEST COPY AVAILABLE

Many schools, meanwhile, have developed programs that stress strict discipline. These programs are based on the perception that a child's first decison to use or to decline use of an illegal drug is based on what he or she perceives the consequences of that action to be.

These school programs seek the dismissal of any students who use, exchange, or are under the influence of drugs at school or at school-related events. If dismissal is not possible, then the student abusers are suspended until they are drugfree.

These school programs also feature: awareness activities for students and faculty; the formation of core groups of school personnel who receive training in recognizing, confronting, and responding to drug use; the formation of student support groups to help recovering users and to refer chronic users to treatment; contact with parents is crucial in every instance of student drug involvement; the organization should commence from the grades of kindergarten through six for drug information programs.

Recent research from the University of Houston shows that helping 12- to 14-year-old students to say no to peer pressure is an effective strategy in the prevention of cigarette smoking. Professionals at the National Institute on Drug Abuse believe that this strategy is effective in preventing drug and alcohol use as well. Among the classroom activities they suggest in this assertiveness program:

Have current seventh grade students prepare an orientation booklet for the next year's seventh grade. We think this kind of information shared in terms of what to expect during that school year would be most helpful, so the booklet lists real situations that students confront:

Forgetting locker combinations, being late to class, trying to make new friends, deciding whether to drink, smoke, or makeout at a party. The booklet would also suggest ways to handle these situations, that is, have students come up with a list of the put downs they have heard in various classes or experienced firsthand. Display this list, and with teacher guidance the students tell how they feel and how they would handle the situation. They study famous people who perservered in their work despite pressures to stop.

Additional information is brought in on such persons as Dolores Huerta, Susan B. Anthony, Christopher Columbus, Martin Luther King, Jr., Galileo, and others who represent every race, both sexes, and a variety of economic levels.

When reading about characters who try to influence others, ask the students to role play and find out or conclude with a variety of different endings. Brainstorming with students on the pressures they face, and how they can employ the decisionmaking process to deal with their behavior is critical.

They discuss related feelings, such as frustration, anxiety, irritation, and relief. They write in their journals many of the decisions they have heard and what possible choices they would make, and the factors that limit their decisions.

The National Institute on Alcohol Abuse and Alcoholism is now publishing a brochure, "For Teenagers Only," that lists 16 different ways to say no to drink. Sometimes as you have heard the straightforward answer is no, but there are others.

BEST COPY AVAILABLE

No thanks, I want to stay in control. No, thanks, I want to be in the driver's seat. No, thanks, I don't drink. No, thanks, I usually end up embarrassing myself and that is usually how I find other people end up.

The brochure states that being able to say no takes courage, and that asking for help is a mature thing to do.

On behalf of NEA we ask that we all become courageous, that we commence working together, and that we model for our children by saying no. We must stop the use, stop the abuse, and stop the misuse of tomorrow's leaders.

If we work together as partners we can prevent the increase and we can control the chronic drug abuse and related dropout problems.

The fact of the matter is, if we don't, we won't have children in our classrooms, because we will have lost them on the streets.

Thank you.

Mr. RANGEL. Thank you, Ms. Mack.

The chair acknowledges that Dr. Jerome Jaffee, the Acting Director of NIDA, has weathered Hurricane Gloria, and every year he has been with us.

We will move to Ms. Caroline R. Jones, an outstanding successful pe[illegible] as a part of the Mingo-Jones Advertising department, and [illegible]ember of the executive committee of the advertising council with [illegible]hom this committee will be working very closely.

I just want to advise the group that we are scheduled to end this part of our program at 12:30. I have just been notified that I have to return to the Ways and Means room by Chairman Rostenkowski, in order to support four amendments which I am trying to get in the bill.

Congressman Mike Strang, a member of the Select Narcotics Committee has agreed to chair this meeting until my return.

We hope after Ms. Jones to hear from Bobby Dandridge, an international and national sports figure; and then Dr. Jerome Jaffee, will respond to Mr. Richardson's questions as to what we are doing in the area of treatment.

So I will return, and my apology to Ms. Jones who is a constituent and an outstanding supporter, but I will be back.

Thank you very much.

[Mr. Strang presiding.]

TESTIMONY OF CAROLINE R. JONES, MINGO-JONES ADVERTISING, NY; MEMBER, EXECUTIVE COMMITTEE, THE ADVERTISING COUNCIL

Ms. JONES. My role today, as it usually is, is somewhat different from everyone else here on the panel. I am very happy to be here to share with you what an organization has been doing to help the problem.

You have been hearing a lot about, "Just Say No." We are going to be talking about that in a few more minutes; but I would like to say as 1 of 10 children, that what I did in school was literally taught to me at home by my mother and my father, and we always talked about how difficult it as to grow in the 1950's, but we had it easy compared to what the children have to do today.

BEST COPY AVAILABLE

I did want to say, that for all the school can do, parents and any other members of the family are probably the strongest catalyst that we have.

The advertising council has been working in these areas, and, in fact, I wasn't aware of the bigness of the problem as their has been brought out today; but I am very pleased to be representing the council's work.

I want to first tell you a little bit about the Advertising Council and what we have been doing, and I think you have probably been aware or you have seen some of the work, but didn't know who did it or how it got there.

The Advertising Council is a private nonprofit organization which conducts public service campaigns in the public interest. We do this entirely as members of the advertising community, and we work with American business and media people to get it done, at almost no cost. People do pay for production, but often all of the other work is contributed.

Our campaign must promote this voluntary effort, and it must help solve national problems. The criteria for the campaigns is that they be noncommercial, nonpartisan, nondenominational, and of such serious necessity and public importance to warrant donations of space or time by national and local media.

I also wasn't aware that we would be talking so much about alcoholism, but there have been three significant campaigns done throughout the advertising council's work, and I will just share one title with you, and then I have have brought with me today some examples of the commercials and the work that we have been doing.

The first is, "alcoholism, a treatable disease," and if you will remember, the theme is, "I am living proof that you don't have to die for a drink." That campaign has been created by N.W. Ayer Advertising in New York.

The second is drunk driving, and you know the theme. "Drinking and driving can kill a friendship." That work has been done by Leber Katz & Partners.

And as was mentioned, "Drunk drivers are responsible for 50 percent of the automobile fatalities in our streets and on our highways. One out of every two Americans will be involved in an alcohol-related traffic accident during his or her lifetime."

This campaign was created to help build a community consensus against drunk driving, and it also spotlights the changes in society's attitudes which formerly tolerated drunk driving.

I brought an example of one of the spots from that campaign for you, and I feel the televison set was turned around for the panelists, but listen to the music, listen to the message, and you will see that it has been effectively reaching the young people who are our target group.

[At this point there was a television segment shown.]

That particular effort was done to cross all racial lines, and to really talk to young people by young people. The "Don't Drive Drunk" campaign's also supported by Stevie Wonder, the part of the concert that he gave was also done here in Washington at the Kennedy Center for high school students.

AVAILABLE

The campaign that I planned to talk about in a little more detail has to do with our war against drug abuse, a campaign that the council has been involved in since the 1960's. From 1969 to '974, several advertizing agencies developed the advertising to meet different needs had different focuses.

One facet of the campaign focused on the health risks, associated with drug abuse. Another highlighted the criminal penalties imposed on convicted drug users and traffickers; and yet another warned Americans against becoming involved with drugs overseas.

Ads were also developed exclusively for the armed services to stem the rising tide of drug abuse in the services.

The council resumed the campaign in the fall of 1983, at the request of Mrs. Ronald Reagan; and in a departure from past strategies, the objectives of the campaign today have become dramatically simplified. The goal is the prevention of first use by teens and preteens only. We realize that we are talking now to a very young audience.

Very specific ads have been developed with two audiences in mind, children from 10 to 14 years old, and parents of kids from 10 to 18. Emphasis is placed also on disadvantaged inner kids, both black and Hispanic, during the second phase of the campaign.

The advertising agency that created this campaign is Nedham Harper Worldwide, and they have what we call mutually reinforcing messages aimed at both target audiences.

One is to urge kids to resist peer pressure, and that campaign is "Just Say No." And the other, encouraging parents to discuss drugs and teen issues with their children, and states "Get Involved With Drugs Before Your Kids Do."

I would like to show you some of that work. In the interest of time I am not going to read all the strategies, because I would like to talk about some results of this work done by the advertising agencies.

The last piece on this film has to do with the first music video ever produced for young people. As you know, kids watch television, and what they see their does influence them, so Needham Harper developed the first music video for children around the campaign "Just Say No."

Mr. STRANG. We can turn that a little bit so maybe some more people can see it.

[At this point a television video was shown.]

Ms. JONES. I want to tell you that the television commercials, again, all the work, has been donated by advertising agencies. We distributed to 900 stations and these spots were run 6,300 times on the air.

That 3½ minute music video was targeted for cable and local music video programming. We have radio commercials. We also have distributed, as of this date, 7,000, and 42,000 spots have been aired. That means they have been aired 42,000 times.

Consumer magazines have gotten a series of ads similar to this. We distributed to 1,200 magazines and 14,400 ads have been run.

I am really pleased to be showing you this, because you probably see this stuff and you wonder who does it. Well, it is done by a lot of good people in the advertising business, and it is incredible to sit

BEST COPY AVAILABLE

here and hear about a mere $3 million budget for the program by one division of the Federal Government.

I would like to tell you at the end of this how much money has been contributed by the media which normally charges for space and time.

This is another magazine ad. Again, the magazines inserted this ad approximately 14,400 times.

In newspapers, also, there is guaranteed space by 1,300 dailies, and the ads have run up to this date 15,600 times. Also, in transit, two sheet posters for display; these have been distributed nationwide. Collateral materials have included buttons, posters, stickers and response pieces all distributed access the country, through many of the parent-teacher associations, as well as organizations such as the NAACP and others.

In total, media support has been—for the first 15 months, $54,682,000 in voluntary support. The international campaign has just started, with "Just Say No" being successfully test marketed in Spain. And the International Advertising Association will be adapting the campaign for release in other European markets.

So, again, unlike the Federal Government representative who didn't feel that you can do an international effort as a group effort, those of us in the advertising industry obviously do. We feel that the campaign has been unquestionably successful.

The slogan "Just Say No" has become the rallying cry of youth drug abuse prevention organizations throughout the United States. It has inspired the overnight growth of parents' organizations that use materials to combat drug abuse on a local level. These organizations, in turn, help market the campaign to local media systems.

It is almost impossible to track the campaign results in the marketplace to any degree of scientific accuracy. A statistical decline in youth drug abuse cannot be attributed to any single factor. Nevertheless, we feel confident the campaign, have significantly contributed to an overall drop in the rate of youth drug abuse.

A recent survey conducted by the National Institute on Drug Abuse found the current use of illicit drugs by those seniors they talked to had dropped 29 percent in 1984, down from 33 percent in 1983; and that of that group, only 5 percent used marijuana daily in 1984, which is the lowest number recorded since this type of information has been collected.

In terms of problems, however, while drug abuse remains prevalent among the Nation's youth, the campaign has achieved such grassroots momentum that the Advertising Council feels justified to taking on a new campaign. Beginning in January we will distribute the first wave of a 2-year cocaine prevention campaign to be directed at the 4.2 million cocaine users in this country.

The cocaine campaign has not been easy to develop. Demographics show cocaine use is no longer limited to the wealthy, and that it crosses all socioeconomic, racial, and lifestyle categories of working adults. We have narrowly defined our target audience to men and women aged 18 to 24 with moderate to affluent incomes who have probably tried marijuana at least once before.

As you can tell, the creation of this model has been very difficult. We have used focus groups consisting of the risk groups as well as

BEST COPY AVAILABLE

former chronic users in rehabilitation, and we know from this research this is going to be a tough thing to sell.

Potential and current occasional cocaine users are sophisticated and cynical and feel they are savvy to the risks of drug use. Unfortunately, much of the street wisdom on cocaine is based on misinformation. We are in the process of finalizing that.

We can say, however, that we will be attacking the drug's chic, glamorous aura and will get out the message that it is a very addictive substance.

That is just some of the work that the Ad Council has been doing. I want to thank you for letting me come here today to share it with you as their representative.

Mr. STRANG. We thank you.

Staff has advised me we will be meeting soon with the Select Narcotics Committee to see how we will be more supportive. The programs have been very effective.

From the National Basketball Association, a world-famous former Washington Bullet, Bobby Dandridge.

TESTIMONY OF BOBBY DANDRIDGE, FORMER WASHINGTON BULLET, ON BEHALF OF THE NATIONAL BASKETBALL ASSOCIATION

Mr. DANDRIDGE. Good afternoon, Mr. Chairman and guests.

I appreciate this opportunity to speak to you this afternoon about some work that I am doing. Fortunately for me, I live in the community in Washington. I get an opportunity to see a lot of our youth going back and forth to school. I get an opportunity to see a lot that don't go to school.

I think we have already been pretty well brought up to date on the national statistics as far as dropouts are concerned. I would like to share with you some of the work that I have been doing as recently as the past year, and what we have been doing is we have organized to form the group of retired basketball players; in particular, Oscar Robertson, Dave Bing, Pete Maravich, Wes Unseld, and Dave Barnes.

We have taken the approach that drugs is not the problem. The problem is people's or individuals' or athletes' inability to develop coping skills or an inability to be able to adjust to current lifestyles and situations. So, what we have done is we have been enforcing or emphasizing in the National Basketball Association the importance of receiving help—and when we say "help," we mean professional counseling--to address the problems, or our inabilities to cope, and also our inabilities to make decisions for ourselves.

We have been sort of biased in our pursuit that we have been dealing primarily thus far with professional athletes. But on a whole, we realize that the problems of substance abuse, inability to make decisions, or even the lack of coping skills, these skills have to be taught at an elementary level.

I appreciate the remark that Governor Carroll made in reference to an employee assistance program. The National Basketball Association will be the first professional sports entity to have one this year. Thus far, we have been very fortunate in getting the support of the National Basketball Players Association.

BEST COPY AVAILABLE

The particular group that has been developed and probably emphasized by a group of professional women here in the Washington area who saw the foresight in what we were doing, and they invested in our efforts over a period of 1½ years.

This upcoming season, or as early as October 22, we will start in the National Basketball Association a program that will be available to all rookies. In fact, it will be mandatory for all rookies that they attend a rookie orientation workshop. The workshop will be geared to and will address the major issues and tough decisions that young professional ballplayers face, particularly in their first year.

So, that way, they can learn early in their careers to be able to adjust and handle their own problems, to develop coping skills, to be able to make decisions on their own, because we, as retired players, have found out that once you leave professional basketball you come to what I call the real world. And there is indeed a tremendous transition that you have to make. If you don't have good coping skills or don't have that ability to make decisions for yourself, then you surely are susceptible to some of the evils of the world, to substance abuse, and whatever.

So our main point of emphasis is on prevention. We feel that if a young athlete is particularly or early advised of some of the difficulties and tough situations that he may face, at least he will have the insight before hand to know exactly what is coming at him.

We will attempt to get individuals into counseling by the well-known peer counseling method. We have adopted the theory that if you, as a Patrick Ewing, if you have emulated Kareem's hook shot or listened to him or patterned your professional basketball game after him, will you take the time to take quality advice from him?

We have been able to just about pump up the entire sports world on this. And, like I said, we started at the pro level because for some reason society has given us the dubious task of being the only role models in this nation. So we are right now willing to accept this responsibility and move forward with it.

So, if some of your upcoming lawyers and politicians aren't in tune with this program, then maybe we can bring some politicians in, with my theory being that we talk about role modeling, we talk about giving back.

I think we, as successful individuals, should, number one, look back at the communities that we grew up in, because I find that they listened to me more in Anacostia than they do in Chevy Chase, simply because I have the Anacostia appearance—although I have on a suit and tie and can speak a little bit.

I am finding we, as professionals, should go back to the areas we grew up in. We know the ropes. The kids' parents, aunts, uncles know us. Therefore, we hold a celebrity status in the areas we grew up in.

I have been fortunate over the past year to have gone through a transition myself. I did not realize that the real world was so cruel. I lived in a sheltered environment all of my life in professional sports. I didn't even have to make plane reservations.

Fortunately for me, I had some peers and role models my first 2 years in the league who sort of guided me, and now they are still influential factors in my life. I speak of Oscar Robertson, Jerry

West, and John Havlicek. Even when we began to put this program together, these were the young men that rallied to our cause. I am enthusiastic about what we are doing.

I applaud the efforts of everyone here. And I think that if we all, in this room, take on the responsibility of being role models—I think it was Ms. Jones who mentioned the fact of our parents. To me, those were the most influential individuals in my life. I had gone away to pro ball, came back home to Richmond, VA, and I was a man. But the thing I found out was that, for the first 3 years I came back home, she would ask me one question: Are you smoking marijuana yet? And I said no.

But that was never enough. That first night home—I would go out and socialize. But when I came back, my clothes were out of the suitcase. She was always looking. She was—I mean, it wasn't the point of just saying, "No, Mother, or Father, I don't smoke; I don't snort."

"Well, let me find out for sure."

I think that is the role that we as adults must maintain and must develop this type of—I don't know if it is fear; I don't know. It was fear for me. I don't know what it meant to you all. But I think that we, as professional athletes, now, especially in pro ball, are accepting our responsibilities that we must give something to the development of our youth. And I can truly say on behalf of the National Basketball Association, we are employing this year an employee assistance program, and we hope it forms as a model for all of professional sports.

In professional sports, because it is such a large business, there is a concern, but not enormous concern for the veteran player. That leaves us out, some of us. But they are interested in indoctrinating or educating the younger athletes that are coming into pro sports, to be able to say we will start in 1985 and develop a nonsubstance abusive sport.

Right now, I can say on behalf of all professional sports, it has reached a crucial point. But because I am an athlete and I am biased, I still feel that the key to eradicating substance abuse is that drugs are not the problem. There are personal problems, family problems, and just problems in general that we, as a society, have not yet learned to handle. And I think when we begin to institute in our school systems a resource system for the young people, an area, a counselor—and when I say a counselor, I am not talking about a professional psychiatrist or a professional psychologist; I am talking about the panel members, you and the audience, people with good life experiences.

I think so many professionals in this area really are not in tune with what life is about. I find when I speak to young people, I can easily associate with the guy that might have gone through a chemical dependency stage simply because this is a cruel world. I think we all need good and adequate support systems.

I am sorry the young man from education left, also, because I think that in our school systems there is definitely a diehard need for someone to be able to address the variety of problems that the young people have to handle and adjust to every day.

BEST COPY AVAILABLE

We were fortunate that it was a foot somewhere near our buttocks that let us go to school or made us do many things. So many young kids don't have this today.

In closing, I would like to say one of my favorite speeches or talks to young people is geared around never forgetting where you came from in reference to a lot of us going off to big colleges and universities, and for some reason these colleges and universities never let us know we should never forget the survival techniques that we learned. We know as adults now that if you want to go from one side of town to the other, or from your neighborhood to your high school, there were certain individual houses that you didn't walk by, certain alleys that you didn't go through, because you knew you were in for a good kicking. These were our survival techniques.

I think so many major institutions don't remind us how we got to the university status. My relationship with kids always emphasizes, take a good educational background and blend it with just good survival techniques, and you will be one of the most successful individuals in this country.

I appreciate the time. Thank you very much.

Mr. RANGEL. The Chair now takes great pleasure in asking the chairman of the Congressional Black Caucus to please come forward and to greet us: Mickey Leland.

STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. LELAND. Charlie, let me impose on you for 1 minute and thank all of you beautiful people for participating this weekend.

Charlie, this is an incredible hearing. Just what I have heard so far, being a pharmacist, having gone through pharmacy school and taught for a year in the School of Pharmacy at Texas University, I understand the very vital interest you have put forward to the American people today. For that, let me say on behalf of your colleagues, the Members of the Congressional Black Caucus, thank you for your leadership in this area—not just in substance abuse in this country, but also the abuse and character of that abuse in other countries around the world.

The Congressional Black Caucus is made up of 20 individuals. We are now recognized as being a substantive caucus. We have felt in the last 15 years that the Congressional Black Caucus has struggled to try to bring the same kind of information and issues before all of us, before the American people, from a black perspective.

This weekend is no different. However, during an official congressional hearing like Charlie Rangel has done today, it has added credibility to what we have been trying to say for so long.

I just want to say that Charlie Rangel is one of the most beautiful people you ever want to meet. He is constantly vigilant about the abuses of people as well as the misuse of all kinds of chemical substances amongst those people. He has been trying to clean up the drug situation for so long. He deserves an incredible amount of credit for what he has been doing. He is so fantastic.

BEST COPY AVAILABLE

Charlie Rangel, thank you so much on behalf of your colleagues, and thank you for your continued participation with the Congressional Black Caucus.

Mr. RANGEL. Our last panelist is an old friend of our committee and those members that have been concerned with trying to find some of the answers of drug abuse. He has returned to us. That, of course, is Dr. Jerome Jaffe.

Are you still "Acting"? What does that mean?

Dr. JAFFE. Until they tell me otherwise.

Mr. RANGEL. The Acting Director of the National Institute on Drug Abuse.

TESTIMONY OF JEROME H. JAFFE, M.D., ACTING DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

Dr. JAFFE. Mr. Chairman, members of the committee, ladies and gentlemen: I appreciate your invitation to appear today to discuss drug abuse and its impact on elementary and secondary education, and to outline our role in dealing with the problem.

I hoped to be here earlier and to listen to all the people, but the weather report indicated there seemed to be some rain or disturbance. I thought it would be prudent to take Amtrak. Those who took the chance and drove got here early. As you see, Amtrak was somewhat delayed. I apologize.

As you know, the 1984 National Strategy for Prevention of Drug Abuse and Drug Trafficking is guided by the personal leadership of the President, the Vice President, and the Cabinet, and sets the tone and direction for national response to drug abuse problems. The key element in that strategy is the partnership between Government and the private sector. That strategy is intended to bring the full range of the country's resources to bear on reducing drug and alcohol abuse and, ultimately, to provide a drug-free environment for all Americans, especially young people.

You have heard from others about how the focus in prevention is to prevent initial drug use among young people. At one time, as you know, we were perhaps more concerned about dealing directly with those already deeply into drug abuse. The strategy now promulgates the involvement of parents and volunteers in teaching young people, especially elementary school children, to develop healthy behavior, positive goals, and be aware of the risks involved in using drugs.

Parent groups with special interest in prevention now number more than 4,000 across the United States. The national strategy actively encourages private business, labor, media, and the entertainment and sports industries to use their unique resources to deglamorize drug taking behavior, promote positive images of a drug-free life, and disseminate accurate and up-to-date information regarding the dangers of drug use.

The strategy emphasizes the importance of research leading to a greater effectiveness of all of these efforts in prevention, treatment, and control of drug abuse, and it assigns to NIDA the major responsibility for overseeing the development of new knowledge through basic and applied research, as well as through epidemiological studies. The strategy particularly stresses the importance of

BEST COPY AVAILABLE

studies which expand our knowledge of alcohol and drug abuse patterns, risk factors, both biological and psychological for drug and alcohol abuse, and the long-term health effects of alcohol and the entire range of abused drugs.

Of equal importance is the assessment of the effectiveness of a wide range of prevention and treatment approaches. It is also a Federal responsibility to ensure the information from this research is widely disseminated to health care professionals, educators, law enforcement officials, and the general public.

I would like to tell you a little about NIDA's role and its changes over time, because it is not appreciated by all just how significant those changes are.

The National Institute on Drug Abuse was created in 1974 as a result of a law passed in 1972. It was developed and created to manage the national programs of drug abuse treatment, prevention, research, training, and rehabilitation. A nationwide treatment system was, in fact, developed over the first 6 years of NIDA's existence, with partial funding managed from the Federal level.

The passage of the Omnibus Budget Reconciliation Act of 1981 transferred to the States the full responsibility for treatment and prevention services previously administered by NIDA. However, NIDA retains the lead role within the Federal Government for the dissemination of information based on research findings concerning the nature, extent, consequences, prevention, and treatment of drug abuse.

In carrying out this congressional mandate and its role within the national strategy, NIDA does the following: It collects and analyzes epidemiological data on the varieties and extent of drug abuse, and monitors emerging trends in drug abuse. It sponsors and conducts basic and applied research. It analyzes data from these studies. It disseminates research and technical information to scientists, State and local agencies, and other individuals and groups. Upon request, it lends assistance to such agencies and groups in carrying out drug abuse prevention programs. It disseminates public information and sponsors programs to actively discourage drug abuse.

I have been asked to make some comments on drug abuse and dropouts and some research efforts on linkage between the two. NIDA grantees have been exploring the links between substance abuse and school dropouts. There have been several studies, and the predominant finding appears to be that delinquent behavior and drug abuse are often correlated and that both, along with family problems and dissatisfaction with school, are involved in dropping out, especially among males.

NIDA grantee Dr. Alfred Friedman has recently written that when students who are drug abusers drop out of school because of dissatisfaction, it can't always be assumed their drug use led to their dissatisfaction with school. It is just as likely that their state of dissatisfaction with school existed prior to the involvement with drug abuse. The drug use could have been considered a substitution for the satisfaction other students derive from school.

I must point out that in examining this particular problem using complicated multivariant analyses, Dr. Friedman did conclude, however, that drug abuse contributed to students dropping out,

BEST COPY AVAILABLE

even when he tried to control for all these variables. How important a factor drug abuse is, as compared to the other major factors is something researchers are still looking at. Clearly, multiple factors are involved in the dropout act. Drug abuse can be one, but in many instances it is not the major one.

Dr. Delbert Elliott, another ADAMHA grantee, who is also working with funds provided by the Department of Justice has carried out a longitudinal national youth survey which is looking over several years at delinquency, drug use, and a variety of other problem behaviors. In looking at his data on delinquency, truancy, dropping out, and drug use—data which has not been entirely analyzed—he finds that among the majority of the young people studied, the behavioral problems of delinquency appear to develop prior to the onset of serious drug use.

Not in all cases. In some cases, the drug use does come first. But in the majority, drug use comes after the development of other major problems.

Also it is estimated by other researchers that the majority of females dropping out of school do so because of pregnancy. The question is also raised regarding the number of adolescent fathers who drop out of school in an effort to support their children. Through our grantees, NIDA is looking at the origins of a whole range of problem behaviors, as well as simply drug use and its relationship to dropping out.

In addition to identifying priority research topics related to this area, a number of other activities have been initiated, including the development of mechanisms for sharing information with those practitioners on the topies of drug abuse and adolescent pregnancy programs and establishing cooperation among such programs. Recognizing that those problem behaviors that are related to drug use and to dropout, NIDA will continue to sponsor research in that area.

In addition, we have participated in the establishment of the National Professional Steering Committee to develop a collaborative study and the establishment of a Federal workshop to develop funding strategies for this kind of research, including proposed collaborative studies, including liaison with private foundations.

NIDA's current prevention activities are based on a number of major findings from the research the institute has funded over the past decade. I recognize time is pressing, so let me just summarize these findings.

Drug abuse problems are multifactoral. There is no one, single kind of drug problem, nor any one kind of group that has the problem. Therefore, prevention programs have to be targeted at different groups. Programs have to recognize that drug problems arise in different contexts; that they have different causes, and that in different situations different factors may carry the weight of the causal relationship. So, for some kids, it may be enough to just teach them to, "Just Say No." For others, we have to teach coping skills. For others, we may have to work with families. There can't be any one, single approach to prevention.

Obviously, in most of these instances, the belief that drug use represents a serious risk to the individual must be part of the prevention effort. And that means that research on the risks and haz-

COPY AVAILABLE

ards of drug use has to continue and has to be made believable. Obviously, NIDA has a major role in the kind of research or which our national prevention efforts are based.

I have some comments on assisting State and community efforts that I will summarize, as well.

In addition to its lead role in funding and carrying out prevention research, another major NIDA mission is to provide guidance and assistance to drug prevention efforts at national, State, community, and local levels. In carrying out that responsibility, NIDA pursues a number of different activities. These include: technical assistance to groups in both the public and private sector; identification and—through the limited funds for demonstration projects—replication of model programs; dissemination of research findings to schools, parent groups, primary health care providers and law enforcement personnel through publications and workshops; and public education through written information and national media campaigns.

You have just heard a summary of one of the national media campaigns that NIDA has sponsored. Ms. Jones has also told you about the upcoming effort to develop an equally effective campaign for cocaine. I must say, as I was listening to and thinking about why this "Just Say No" slogan has had such an impact, I realized that sometimes you can work for a long time before you come up with the kind of successful approach that represents advertising genius.

"Just Say No" happens to be one of those little lines you can put on a bumper sticker and so affect attitudes in a major way. Other efforts may have been just as sincere; they just didn't hit the right target. It may be the short slogans like "Coke Is It," and "Where's the Beef?" that change things more than reasoned explanation.

It is hard to know how to create the perfect formula for changing attitudes. I doubt we will ever be able to tell you just precisely how much of the change in drug use patterns that is due to finding a great slogan that you can repeat and that radio and television will pick up and repeat.

I don't think 5 years from now we will be able to tell you what it did. I have a feeling the campaign is doing something—the trends with respect to drug use look somewhat better than they have in the past. But sometimes the best things you run into can't even be researched.

Obviously, this kind of activity focuses on the group most at risk for initiating drug use—preadolescents, teenagers and young adults. In accordance with the findings from epidemiological research, a particular emphasis has been placed on those drugs described as gateway substances: tobacco, alcohol, and marijuana, and, more recently, cocaine, since this has emerged as a particular threat to young people.

Whenever possible, we attempt to focus proposed prevention research activities, particularly those evaluating effectiveness of various prevention strategies, on interventions actually used in the field. In other words, we try to use the financial resources we have to work with the States on evaluating what they have elected to institute as prevention programs.

BEST COPY AVAILABLE

In a report issued in 1985, the National Association of State Alcohol and Drug Abuse Directors reported that almost $174 million is spent annually on prevention activities by the States. At least that was the figure for 1984. A significant portion of these funds, $38 million, came from the Federal Government through the Alcohol, Drug Abuse, and Mental Health Services Block Grant allocations.

In addition to its activities in prevention research, NIDA contributes to Federal and State support for prevention through its technical assistance efforts, the production and dissemination of print materials, and the media campaigns about which you have just heard. The total of that effort was approximately $2.9 million for fiscal year 1985.

In my written statement, I have outlined some of NIDA's efforts in providing communities with technical assistance in developing media campaigns and providing written material on drug abuse prevention to professional groups, parents and young people.

At this point, I would be happy to answer questions on these activities.

I would like to conclude by stating that drug abuse arises from a multitude of behavioral and social problems that lead young people to drop out of our society. Some of our programs are intended to have a positive effect on dropping out, as well as on drug abuse.

Media messages and carefully planned prevention and intervention strategies do take time to prove effective; perhaps we can never prove conclusively that some of the best of them are effective. But the hope is that a coordinated Federal and public effort directed at drug abuse will eventually have impact on some of the many social problems that contribute to the current high dropout rate.

I thank you very much.

[The statement of Dr. Jaffe appears on p. 77.]

Mr. RANGEL. Thank you, Dr. Jaffe.

Before we conclude, I would like to take care of a little homework. That is to remind those that intend to participate in the march to end apartheid, that at 1 o'clock the Congressional Black Caucus will be assembling with other interested individuals at Third and Constitution, which is the U.S. Labor Department Building, which is roughly three blocks from this particular site.

We also would want to take this opportunity to thank this very outstanding panel for weathering the storm, literally; but, more importantly, for making a contribution to our better understanding of the problems that we face and your willingness to join with us in trying to bring about some solution.

Dr. Jaffe, before you arrived I think it was generally agreed among the panelists that the problem had to be fought on many fronts, and that certainly getting the producing countries to cutback or eradicate—going to the source—was one vital area; strict law enforcement where traffickers should expect the law would be enforced and sanctions would be given out. Certainly, we all agree education, treatment and rehabilitation was a vital form of this war.

We learned from the State Department that, notwithstanding the efforts, we should not expect any decrease in the 60 to 70 tons of cocaine coming in. I didn't state it when he was here, but our

BEST COPY AVAILABLE

committee believes we should expect bumper crops, because every country we visited, they indicated they had no control over certain parts of their countries and couldn't send in the police or military. Being optimistic, there will be the same amount this year as last year.

When we talked with the law enforcement part of this, while we heard a lot about education even from the chief law enforcer, the thing that became clear was we have more police on the New York City subway system than they have for the entire Nation, which was his testimony. So, we do not expect really to see the presence of the Federal law enforcement officers.

When we got to education, Secretary Davenport pointed out that they had a lot of volunteer efforts and training programs that are available on request; and that with a $15.7 billion budget, that $3 million—and, I add, only $3 million—had been allocated to have these task forces and these national meetings.

Now we get to the National Institute of Drug Addiction, which, of course, one might suspect would be the frontline group that is out there educating, preventing, rehabilitating. If my memory serves me correct, you used to do that. Now I hear you talking about researching and collecting information on trends and sharing it with scientists, and being available, and literature available on request.

Quite frankly, I have never received any complaints about NIDA from my constituents because I don't think my constituents know that NIDA is out there.

With this war that has been declared, have you not been pulled out of the frontlines into some reserve type of unit for scientists?

Dr. JAFFE. I guess there are various ways of describing our altered role. As you recall, the notion of Federal revenue sharing back some 15 years ago, was gaining popularity even then. And to have the Federal Government directly manage treatment and prevention programs was running against the stream even then.

It took a lot of argument to persuade the administration to let this be an exception at a time when the effort was being made by the Federal Government to become less involved and to share its revenues with the States. At that time, they decided to go along with it and we did get the resources to create a treatment and prevention system.

For a number of years, at least in its beginning, NIDA and the Special Action Office were frontline agencies. They were directly administering things. And we did get more complaints then because they knew where we were. There were lots of reasons to complain, I suspect.

Mr. RANGEL. I am saying that in the good sense of the word. The complaints mean there is a Federal presence. There are some Members of Congress that receive no complaints. They are not at home.

Dr. JAFFE. I think the tide has moved even further to shift Federal activity so that the States have the resources and they have more local autonomy.

Mr. RANGEL. You are a scientist. Now you are getting involved in some economists' point of view.

BEST COPY AVAILABLE

I am asking, as a scientist, one that has the Federal responsibility, where can we find that Federal role? Not to say we have some literature, and not necessarily to do things that we used to do in having the Federal rehabs, but in making certain that no American citizen can walk away and say, "I need help. I went to the Federal Government and they sent me a pamphlet."

Dr. JAFFE. I don't think that it is quite that way, Mr. Chairman.

Mr. RANGEL. What would you do if a constituent came to me in your presence and said that:

> I have been on a waiting list. I have listened to Mr. Dandridge. He has convinced me I should get hold of my life and make some meaningful decisions. I listened to drug enforcement. They said I am going to end up in jail; therefore, I want some help. I have dropped out of school.

Mr. Dandridge—leave him alone. Now I am asking what can the Federal Government do for me to save me from total disaster?

Dr. JAFFE. First, we can put him in touch with the single State agencies which were created as part of that original law.

Mr. RANGEL. How would you explain it if one of these wiseguys said that is passing the buck?

Dr. JAFFE. It is not really passing the buck.

Mr. RANGEL. Suppose the Government says, with the local and State deductibility issue before the Ways and Means Committee, that all of these Federal projects he has tried to fund, that is out. Certainly, I can't mandate that the Governor would do anything. I am a Member of Congress. I can't tell the people in my district to see the State assemblyperson.

You are in charge. This is hypothetical, of course; I know you are not. You are acting. But you sound like—your agency sounds like the one place that I, as a Federal official, can direct somebody to for assistance.

Now I guess we are out of the business of Federal assistance, direct Federal assistance.

Dr. JAFFE. I think the best we can do at this time directly for people who want help is to put them in touch with a network which often can find help. Although we no longer fund it, and can't compel people to tell us exactly the size of it, there is a treatment capacity out there.

Our estimate is that there are 4,000 treatment units still functioning and that 250,000 people enter treatment every year. The system is viable.

Mr. RANGEL. The Reverend Jesse Jackson told me that he has been very successful in educating children that making mistakes is nothing to be ashamed of, but doing something about it is what makes you a whole person. He says they come to him and ask, "What do I do? Where do I go?" And he asked us in the Congressional Black Caucus, "What do I tell them?"

Do you believe, as a social scientist, that there should be a Federal presence where we can refer people and say, "This is what your Federal Government has set up; this is where you can go"? And it may not be everything we should be doing, but at least the Federal Government is not depending upon little towns and villages and States to do a job which is basically a Federal problem, an international problem, if you will.

Dr. JAFFE. I would think to the degree we have defined this as a health problem that nobody should be ashamed of—that is one of the many problems people have, we have helped people to get help. We have to face the fact that it is now viewed as one of those problems. And if the same person came to me and said, "I have hepatitis," or "My son is depressed," or "My daughter has this problem," the Federal Government could not provide direct treatment but would have to refer them to the network of a health care delivery system that now has the capacity to deal with that, or needs to develop it.

Mr. RANGEL. I wish you could find another analogy. I think that it is abundantly clear when we are talking about cocaine and heroin, we are really talking about substances that are manufactured abroad. So, you are talking about hepatitis; we are talking about an international drug trafficking system. And when an individual comes and asks what protection can my government, my Federal Government, give to protect me against the ravages of this foreign substance that is coming into my country—I know the view of the administration, but since you are only acting, don't you believe that the Federal Government should be in a position to say more than to refer?

And in the city of New York, of course, we have too many people waiting in line for services, so that that even—that would not work. I would suspect that if we went to many of the towns—you are a former Governor of Kentucky. They have not had the resources to set up their own research centers.

Mr. CARROLL. We are spending half as much now as we did in 1980 on alcohol rehabilitation.

Mr. RANGEL. So with the block grants, there has been less resources from the Federal Government, less resources from local and State. Every indication from economists, from the left and the right, suggests there will be less local moneys available after we get finished with this tax bill. Everyone suggests it.

I am merely asking, since the President has given such a priority to this war, whether or not we could find some type of language, in recommendation from your institute to the administration, as to what role we should be playing, assuming that we could afford to do it?

Dr. JAFFE. I don't know where you can find such language. I can tell you simply that we have a fairly wide range of activities that we think are important and that we are going to try to do them to the best of our ability.

One thing we could do is help people find the resources that are available, with perhaps a little more ease. I think that some States have set up hotlines; it would be good to have at least one number in every State where you can find out what is available.

It is hard to find what exists even when it is there. That was true, however, even when the Federal Government was doing it. It was hard for people to know there was something three blocks away. There was always a problem with that.

Mr. RANGEL. That is the problem, Dr. Jaffe. If we did educate them today, we still—we are just making the problem worse.

One kid told me, when I asked him why did he go back on drugs, he said, "Congressman, I listened to your crap about going straight.

BEST COPY AVAILABLE

But my brother, he went back to school. He is straight. And he is unemployed. I am out here, high, unemployed, and who is better off?" Because of lack of resources, it is very difficult to deal with this.

Let me say this: I want to thank those of you that have come here. It just shows you how bad the situation is.

I think Mr. Dandridge gave the best advice that one could give; that is, that all of us individually and collectively are going to have to pick up a part of this load, because it is abundantly clear from the Federal testimony you have heard today that the State Department is seeing some light at the end of the tunnel. And Jesse Jackson said that light may be a train coming to meet you.

The law enforcement has moved on to an educational process where they want to go into partnership with very weak local and State governments; and the educational system has been volunteering for those who want to participate. NIDA is heavy into research.

Somehow we are going to have to ask you, Doctor, to see whether or not we can see what is the social cost in us following this line of thinking, because I am thoroughly convinced that you are going to Anacostia, Bedford-Stuyvesant, and that you are not going to see just human loss. People can tolerate that. But the social cost in building prisons, the court system, the victimization of people, I am convinced that is far more costly than just ignoring this.

No one has done an analysis on it. Maybe our committee should move in that direction.

But let me, on behalf of everyone, thank you, especially on a day like today, for coming, for participating. We will be in touch with you to followup on this.

Because the time has run for the audience—earlier I made the commitment for those of you that do have questions and did not have the time to ask them—please contact the Chair, identify who you would like the answer to come from, and I will see that you get some kind of answer.

Thank you very much.

This hearing stands adjourned.

[Whereupon, at 1 p.m., the committee adjourned, subject to the call of the Chair.]

BEST COPY AVAILABLE

U.S. Department of Justice

Drug Enforcement Administration

Prepared Text

of

JOHN C. LAWN

Administrator

DRUG ENFORCEMENT ADMINISTRATION

U.S. Department of Justice

before the

Drug Abuse Workshop

of the

Fifteenth Annual Legislative Weekend

Congressional Black Caucus Foundation, Inc.

Washington, D.C.

September 27, 1985

BEST COPY AVAILABLE

Good morning, ladies and gentlemen. I would like to thank Congressman Rangel, Chairman of the House Select Committee on Narcotics Abuse and Control, for inviting me here today as the Congressional Black Caucus Legislative Workshop explores the very important connection between drug abuse and dropping out of school.

Today I would like to discuss with you the overall trends in drug production and trafficking and where we see these trends going in the future. I will also review for you the President's National Strategy for the Prevention of Drug Abuse and Drug Trafficking and describe for you the roles played by the Drug Enforcement Administration in its implementation. I will then conclude my prepared remarks by focusing on the area of drug abuse prevention, a matter not traditionally associated with DEA, but an area where we are nonetheless very involved and where I personally believe the future for drug control lies.

Before describing the major thrusts of DEA's programs and our many accomplishments in that regard, I would like to first briefly review some of the more significant drug abuse and availability trends in the United States.

In 1984, overall marijuana consumption declined slightly, primarily as a result of declining use by young people, and we expect this trend to continue through 1985. There have been decreases in marijuana-related hospital emergencies. Another positive sign in this country has been spot shortages of Colombian marijuana as a result of that government's enforcement and test eradication programs, as well as a net decrease in the amount of domestically produced marijuana.

Cocaine availability and use remained widespread in 1984. We expect that cocaine availability this year will remain at high levels, although the number of users is expected to stabilize. Over the past year, we have seen cocaine-related hospital emergencies and deaths rise sharply, reflecting increased frequency and complexity of cocaine use. These intensified use patterns will continue to result in a high incidence of adverse health consequences.

Cocaine producers and traffickers have experienced numerous setbacks at the hands of law enforcement officials in South America and elsewhere. However, the traffickers are tenacious and they are expanding their cultivating, processing and distributing activities into other non-traditional areas, particularly in Europe and the United States.

In 1984 there was an increase in the illicit use of all dangerous drugs, especially methamphetamine and PCP. Unfortunately, our indicators suggest that this trend will continue in 1985. In the past year we have also seen the emergence of the controlled substance analogs, the "designer drugs." However, we have identified this problem in the early

BEST COPY AVAILABLE

stages of its development, and I expect that the enforcement, education, and legislative initiatives now ongoing will enable us to be successful in curtailing this insidious form of drug abuse.

Heroin consumption in 1984 declined slightly and this level of abuse is not expected to change this year. According to DEA's Heroin Signature Program, the proportion of Southwest Asian heroin (Pakistan, Iran, Afghanistan) increased slightly, at the expense of Southeast Asian heroin (Thailand, Burma, Laos). The proportion of Mexican heroin remained about the same. No major changes in heroin availability are forecast for 1985. There may be some decrease from Southeast Asia but an increase from Mexico and Southwest Asia.

I believe that we are beginning to effectively curtail the upward trends in drug abuse which have been prevalent in our country for too long. We are disrupting the drug traffic. We have held supplies at levels far below what they otherwise could have been. And, we have increased the cost of doing business for the drug trafficker.

Our aggressive investigation and prosecution of major international narcotic cartels and the forfeiture of their assets is having an impact: established drug organizations are being immobilized. Strong anti-drug efforts in key source countries are driving the traffickers to untested bases of operation. Intensive interdiction activities are narrowing the scope of the profit from which the drug traffic draws its strength.

The effect is cumulative. We are creating a climate favorable for our long-range supply and demand reduction efforts. In short, we are seeing success from our national strategy. President Reagan's National Strategy for the Prevention of Drug Abuse and Drug Trafficking defines the roles of all of the Federal departments and agencies involved in drug enforcement and drug abuse prevention, and prescribes important responsibilities for state and local agencies, as well as for the private sector.

The Strategy has five components which provide a balanced and comprehensive approach. They are: prevention, drug law enforcement, international cooperation, medical detoxification and treatment, and research. As part of DEA's mission we are involved in many elements in support of the Strategy. We may concentrate our efforts on drug law enforcement, but international cooperation and prevention are also major focal points for us. Drug law enforcement and international cooperation have become increasingly interrelated.

Successful domestic law enforcement requires a great deal of international cooperation, whether that be in our intelligence, interdiction, extradition, or securing evidence efforts. International cooperation, however, remains principally the concern of the State Department and prevention remains

BEST COPY AVAILABLE

principally the responsibility of the Department of Health and Human Services; however, our own role remains critical.

Our drug law enforcement strategy seeks to reduce the availability of illegal drugs and those drugs diverted from legitimate production. Through law enforcement, regulation, and diplomatic efforts, four principal strategies are pursued. First, illegal drugs are destroyed at the source. Second, drug contraband is intercepted and seized enroute to or at the borders of the United States. Third, drug trafficking organizations are identified, investigated, and prosecuted. We immobilize these criminal enterprises by seizing their drugs, incarcerating the traffickers, and seizing their drug derived assets. And, lastly, numerous control measures are used to minimize the diversion of legitimately produced drugs into the illegal market.

The Strategy recognizes the phenomenon which we call the internationalization of drug abuse. There is now a global understanding that narcotics threaten the stability of all of our societies. That is why more nations, including drug source, transit and consumer countries, are involved in the drug control effort now than at any other time in our history. Many of these nations are overcoming what for many years were considered to be insurmountable cultural and political obstacles to implementing effective drug control programs.

I returned several weeks ago from a United Nations Conference on Crime in Milan, Italy. It is extremely significant that one of the outcomes of this conference was the virtually unanimous passage of a U.N. resolution which recognizes the strengthening of drug enforcement investigation and other drug control measures as an absolute priority.

Last year, former DEA Administrator Bud Mullen appeared before you and described our enforcement programs in depth. Generally, we continue to pursue those same initiatives, and as I noted, we are realizing major successes. However, instead of reviewing those programs again, today I will focus on DEA's role in the prevention of drug abuse.

A major tenet of our National Strategy is that the long-term solution to the drug problem is reducing the demand for drugs -- prevention. Law enforcement can only be a holding action. I believe that as law enforcement officers we have a unique vantage on the drug abuse problem and we, therefore, have a special responsibility to participate and use our knowledge and skills to the best advantage.

For the past several years, DEA and FBI Special Agents have been working together to meet with the players and coaches of each of the major league sports to discuss drug trafficking, drug abuse and gambling and their impact on the professional athlete. Our program has been well-received and I expect that with the current national attention on drug abuse within professional

BEST COPY AVAILABLE

sports, that this particular initiative will have even greater significance in the future.

We recognize that we need to begin abuse education activities long before the potential drug abuser enters the professional world, be it sports or any other occupation. We know that drug abuse has a tremendous negative impact on our young adults and on our children in school. It is not an accident that this conference is examining the correlation between dropping out of school and drug abuse.

From our experience we know that many of the young people most susceptible to drug abuse are the very people that are least receptive to traditional drug abuse education programs. This is one of the primary reasons that the basis for one of DEA's prevention efforts -- the DEA Sports Drug Awareness Program -- is not in the traditional classroom. About a year ago, a Washington, D.C. high school coach approached us and asked for help. He recognized that, as a coach, he had influence with the students, that he could reach his student-athletes in a way that other teachers could not.

Building on this concept, that the coach has tremendous influence on the student-athletes and they, in turn, are role models for their peers, we began the Sports Drug Awareness Program. We have developed a coalition beginning with the National High School Athletic Coaches Association, the International Association of Chiefs of Police, the National Football League and the NFL Players Association and have expanded our base to include the FBI, the Office of Juvenile Justice and Delinquency Prevention, the National Basketball Association, Major League Baseball, the National Hockey League, the National Federation of Parents for Drug-Free Youth, the Sporting Goods Manufacturers Association, the National Association of Broadcasters and many others.

Our goal is to prevent drug abuse among school age youth, with the emphasis on the role of the coach and the student athlete. Initially, we intend to reach 48,000 coaches in 20,000 high schools across the country who can reach to 5.5 million student athletes. Through their influence we will have an ultimate outreach to all 57 million school age children. Perhaps in this manner we will no longer have to be concerned about drug abuse in professional sports because these future athletes will have long been conditioned to say no to drugs.

Key elements in the Sports Drug Awareness Program include the distribution of materials to the coaches on how to implement drug abuse education programs. Also, DEA and FBI Special Agents, key players and officials from professional and amateur sports, and high school coaches who have already implemented the program, conduct seminars and clinics for other coaches. These presentations and assistance deal with such issues as the profile of an athlete, the impact of drug and alcohol use on an athlete

BEST COPY AVAILABLE

and team, how the coach fits in, where the coach can go for help, how to communicate with athletes, and a description of a model high school program in action. Over 8,000 coaches have received direct training and there is a large multiplier effect as these coaches train their peers.

Simultaneously, while we are working with the coaches, we also want to get right with the student bodies. Hence, the "Super Team" program was born. DEA and the National Football League Players Association are working toward developing a positive athletic peer group to serve as role models for the entire student body. The high school athletes work with professional athletes, school administrators, coaches, and parents to contract on personal goals in three areas -- academic achievement, athletics and social responsibility. The professional athletes go through a training program before taking part in retreats with the students, which also include cheerleaders who conduct anti-drug cheers at game halftimes.

One of the most exciting aspects of the Super Team program is that it is being conducted in the innercity schools. And, as one football coach told us, "After the program, the team knitted quickly, faster than any other team I've ever had. And the drug problem in our school was reduced."

We are also concerned about reaching the young people who are not in school, who are not involved in school athletics. As you may be aware, last week we announced the "Team Up" program, a way to take the Sports Drug Awareness Program out of the schools. The broadcast industry is joining our coalition to send public service announcements featuring celebrities speaking out against drug abuse. These spots will be sent to all radio and television stations via the National Association of Broadcasters satellite feeds.

A special 30 minute video and audio program on substance abuse was sent to over 800 television and radio stations along with the first "Team Up" psa featuring NFL Commissioner Pete Rozelle and the NFL Players Association President Gene Upshaw. As the sports seasons change, so will the psa celebrities. Basketball, hockey, and baseball stars, along with representatives of other organizations will also be involved in getting the drug abuse message out. Local radio and television stations are also being encouraged to develop spots with local celebrities.

Most children in this country, whether or not they are in school, watch television and listen to the radio. This is why this particular aspect of the program helps us reach the young people who are not in school and would otherwise miss the drug abuse education efforts. It also bears repeating that many of the organizations affiliated with the Sports Drug Awareness Program Coalition are not in the formal educational system. For example, the National Association of Recreation and Parks; the

BEST COPY AVAILABLE

National Governors Council on Physical Fitness and Sports; the service organizations, such as the Elks, the Jaycees, and the Lions; as well as the Boy Scouts and the Girl Scouts and countless non-school groups all help us reach young people not in school.

In conclusion, I would like to emphasize that although we have a long way to go before we win the war on drugs, we are making progress. There is a change in the mood of the country regarding drug abuse and everyday we see further evidence in the change in attitude. The internationalization phenomenon I spoke of earlier reflects this worldwide recognition of drug abuse as a global problem. A problem where we all acknowledge our responsibility and where we are all committed to support supply and demand reduction programs.

In this country we are now in a mode where all of us involved in drug control -- parents, young people, educators, law enforcement, celebrities from all walks of life, Congress -- are all teaming up to attack the drug problem on all fronts. Our national will is changing. And with the support we are getting, we are bound and determined to be successful.

CHILDREN OUT OF SCHOOL

PRESENTED TO THE

1985 CONGRESSIONAL BLACK CAUCUS

LEGISLATIVE WEEKEND

BY JULIAN CARROLL

BEST COPY AVAILABLE

The problem of school dropouts is not new to this nation. The difference today is that the numbers are increasing and the consequences of not having a high school diploma are becoming more severe. It is more difficult today for a young person to leave school before graduation and make the transition into work and adult life. Competition for jobs is greater, most requiring at least basic reading, writing and verbal skills.

The difference between a high school graduate and a drop-out is not simply the possession of a diploma. The vast majority of high school drop-outs are from low-income families, and racial minorities are over-represented among drop-outs.

As one noted researcher testified at a Congressional hearing on inadequate education,

> An inadequate education for a substantial portion of the population not only handicaps those persons who are under-educated, but also burdens society with reduced national income and governmental revenues, as well as increased costs of crime and welfare. (Levin, 1972)

Estimates of the number of young people who drop-out vary due to the lack of a universal definition of the term, "drop-out" and non-standardized methods of counting drop-outs. For this paper a drop-out will be defined as any person who leaves school prior to graduation and who does not immediately enter another public or private institution which leads to a high school diploma. It is estimated that 23% of the nation's students do not complete high school. Minority youth are more likely than whites to drop-out. Hispanics, for example, have estimated drop-out rates between 24% and 55%. Blacks have the next largest drop-out rate ranging from 15% to 50% (Push Out Step Out: A Report on California's Public School Drop-Outs, 1982).

BEST COPY AVAILABLE

THE PROCESS OF DROPPING OUT

A Kentucky education advisory committee report concluded:

> Dropping out is a symptom of a problem and not the problem itself. It is a symptom of socio-economic problems, of a student's personal problems, of family problems, and of school structure factors.
>
> Dropping out is most often the culmination of a process which for some begins as early as the first grade or before (Keeping Kentucky's Students in School: An Initial Report on Drop-out Prevention, April, 1985).

Too often our attention and concerns are focused on the drop-out at the intervention stage. If any attempt is made at all, we try to intervene when the problem becomes critical.

It is possible to identify the majority of drop-out prone youth, often as early as the elementary grades. There are a number of indicators which signal a potential problem. There is a wealth of information available to arm ourselves with the means to prevent many students from leaving high school.

"One of the most commonly advocated approaches to drop-out prevention is to identify,...those students who exhibit the characteristics of the dropout-prone-youth and try to work with those children early... The main focus is on children with attendance or achievement problems" (Report of Governor's Study Committee, 1981). The idea is to reduce motivational problems that are caused by early school failure.

USE OF SUBSTANCES AND SCHOOL DROP-OUTS

How substance abuse fits into the "process" of dropping out is not clearly

BEST COPY AVAILABLE

known. It is not possible to draw casual interpretations from the limited data, though it is possible to infer relationships. Some studies have found adolescent drinking and drug taking behavior are directly related to truancy, lower expectations of, and less interest in, academic achievement.

> The following information is taken from the training manual Prevention: Working With The Schools, (National Institute on Drug Abuse, National Drug Abuse Center, 1980).
>
> Research points to the relationship between drug abuse and other adolescent behaviors, attitudes and characteristics. For example: drug abuse has been positively correlated with: impulsivity, alienation, excessive personal stress, boredom, anti-social tendencies, rejection, skepticism about school drug education programs, peer approval for deviant behavior, lack of parental concern, parental permissiveness, family instability and rejection by parents.
>
> Drug abuse has been negatively correlated with: Self esteem, liking of school, grades and achievement, decision making, feelings of belonging, optimism about the future, humanistic environment in the school and alternate education programs for drop-outs and underachievers.
>
> This manual also points out a number of drug abuse-related behaviors, many of which may also be common to drop-out prone youth. These behaviors include: school violence/tension, dropping out of school, academic failure, apathy, suicidal gestures, purposelessness, and brushes with the law.

The behaviors and correlations that are frequently associated with drug use lead us to conclude that drug abuse may be a cause and an effect of dropping out of school. For some people the use of drugs may rank high among reasons which precipitate leaving school. On the other hand drug usage may be the result of dropping out or being expelled. A personal sense of failure, increased time or a lack of structured activity could lead to drug use.

An Arkansas study interviewed 204 respondents from 14 target communities (of varying size) across the state. The central theme and concern of the research was to identify and assess drug related activity and attitudes among secondary high

BEST COPY AVAILABLE

school students. Students interviewed were those who had been identified as school dropouts or who had been expelled during the current or previous academic year.

Selected results of the study:

- o approximately 9 out of 10 students had used or at least experimented with alcohol or drugs (alcohol and marijuana were by far the most popular substances).
- o approximately half of the users were heavy consumers, with usage ranging from several times a week to daily.
- o a fourth of the users did not exceed a few times a month.
- o students expelled or suspended for reasons other than absenteeism were the most frequent users of controlled substances. Almost two-thirds of them used drugs or alcohol several times a week or more often.
- o approximately 45% of the students dismissed for excessive absences were heavy users.
- o students who dropped out of school because of pregnancy, marriage, or for economic reasons were the least frequent users of drugs and alcohol.
- o just over 70% received failing or near failing grades at some time, while nearly 60% had at some time been suspended from school and almost half had failed a grade.
- o drug and alcohol use for this specific population segment is higher than the national average for all youth.
- o a majority of the participants believe alcohol and drug use is a problem in their community.
- o major reasons given for using drugs were; enjoyment of feelings, curiosity and relieving boredom.
- o primary reasons given for not using drugs included potential harmful physical/psychological effects and having seen the effects drugs had on others.
- o drug counselors were shown to be the preferred source of help with drug problems, if outside help was sought.

4.

61-182 O - 86 3

BEST COPY AVAILABLE

- almost 20% felt that one or both parents had a drug/alcohol problem.
- nearly 58% felt some degree of doubt about their value or significance as a person (Snowden, M. and Peel, E., Arkansas' High School Dropouts: Voluntary and Involuntary, April, 1985).

POSITIVE FEDERAL PROGRAMS

We have learned a great deal about the problem of drug abuse through the efforts of agencies such as the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Department of Education and other federal agencies.

Early efforts to prevent drug abuse in the late 60's, and early 70's contained many problems. We have learned from our mistakes and today we possess excellent resources to address not only the drug problem, but the drop-out problem as well. There is no question that adequate resources are part of the solution. The problem also demands commitment and leadership through a partnership of business, government and educational leaders.

AREAS IN NEED OF ATTENTION

- national commitment and leadership to address school drop-out prevention and intervention.
- a pooling of resources to address the drop-out problem (federal agencies cooperating with the states).
- a universally agreed upon definition of the term drop-out.
- methods of counting school drop-outs that are uniform throughout the states so we can see where the greatest need is.
- a commitment by this country's citizens, educators, policymakers, state and national leaders to the education of all children.

BEST COPY AVAILABLE

RECOMMENDATIONS TO ADDRESS THE PROBLEM OF SUBSTANCE ABUSE AT THE LOCAL LEVEL

- schools should offer comprehensive prevention programs at both the elementary and secondary levels. Curricula and materials exist which offer health promotion, decision making skills, resisting peer pressure, coping skills, specific drug information tailored to each childs interest and level of understanding.
- develop school policies that are effective for both disciplinary action and responsible to students needs for assistance in dealing with dependency problems.
- intervene with dependency problems for students and staff who are found to have problems or are being affected by family dependency problems.
- involve students, parents, administrators and the community in all education, prevention, or intervention programs.
- study programs that have proved successful in other schools and communities.

CONCLUDING REMARKS

There are a host of problems confronting todays young person growing up in America. Over the past several decades we have spent a great amount of time and resources to address substance abuse, teenage pregnancy, the school drop-out problem, crime, etc., among our school age population. If we step back from these high risk behaviors and look at them not as the problem, but as symptoms of a problem we gain perspective.

Many young people today lack basic habilitation skills. They display dependent behaviors that place them at risk for trouble with the law, school officials or their parents. In greater numbers they self-destruct with drugs, crime or dropping out of school.

Young people have less opportunity to feel good about their accomplishments, to be heard and to listen to adults. We have moved from the habilitative environment of the family farm with much adult interaction, to a world where they are not listened to, taken seriously or provided with specific guidance and direction.

The question is not what is happening to our young people to foster dependency, but what is not happening for them to foster capability.

People at risk to develop problem dependencies are often deficient in one or more the following areas. To turn this dependency around we must:

Perceptions

1. help them believe they are capable
2. help them believe they can affect what happens to them
3. help them see themselves as important

Skills

4. develop intrapersonal skills such as; self assessment, self control, self discipline
5. develop interpersonal skills such as; communicating, listening, sharing, etc.
6. recognize the limits and consequences in our world
7. recognize and use good skills in judgement such as safe/dangerous, legal/illegal, or appropriate/inappropriate. (Glenn, S., Developing Capable Young People, 1982).

These are skills and perceptions we all need and must be built into our schools, homes, and churches if we are to survive as a people.

BEST COPY AVAILABLE

DROPOUT BIBLIOGRAPHY

...nove, R. F. and ... Strout. Alternative schools for disrupt... youth. *Educational Forum*, Vol. 44, Mar. 1980.

...ckman, Jerald G., S. Green, and I. Wirtanen. Youth in trans... tion, Vol. III, dropping out—problem or symptom. *The Ef... ts of Dropping Out*. Washington: Select Committee on ...ual Education Opportunity, U. S. Senate, August 1972.

...rtman, Louise F. *The Dropouts—Classes and Cures*. Ann ...bor: University of Michigan Press, 1965.

...dren Out of School in America. Washington: Children's ...fense Fund of the Washington Research Project, Inc., ...74.

...nen, Carolyn. *High School Dropouts: How Communities ...n Gather Useful Information*. Portland: Greater Portland ...ca Education Council, September 1981.

...ce, Lawrence D. "Black student dropout behavior: dis... gagement from school, rejection and racial discrimination. ...rnal of Negro Education, Vol. 50, 1981.

...ttenson, Gary D. *Screening and Delinquency Preven... n: Some Practical Ideas for Educators, Parents, Program ...anners, and Researchers*. Baltimore: Center for Social Or... nization of Schools, The Johns Hopkins University, 1981.

...ott, W. Vance and L. J. Hoyt. *Digest of Educational Sta... tics, 1982*. Washington: National Center for Education Sta... tics, 1982.

...ons, P. P. and D. L. Scott. *Ohio School Attendance Hand... k*. Columbus: State of Ohio Department of Education, ...71.

...umer, Irvin S. Jr. Street academics—filling the cracks and ...evices of public education. *NASSP Bulletin*, Vol. 66, No. ...2, March 1982.

...nsley, E.. An instructional program for dropouts. *NASSP ...lletin*, Vol. 63, February 1979.

...ott, T. C., and E. C. Clawson. Dropouts: then and now. *The ...gh School Journal*, Vol. 58, 1975.

...yne, Russell W.. Structure of school, personality and high ...ool dropouts. *Journal of Negro Education*, Vol. 48, 1979.

...eser, Susan C., *Dropouts in Ohio: 1979–80 School Year ...ta in Review*. Cleveland: Citizens Council for Ohio ...hools, June 1981.

...eser, Susan C. and P. Hooper. *Seventh and Eighth Grade ...opouts in Ohio*. Cleveland: Citizen's Council for Ohio ...hools, 1983.

...ng, Randall H., *The Labor Market Consequences of Drop... g Out of High School*. Columbus: Center for Human Re... rce Research, The Ohio State University, 1979.

...nter, Solomon D., E. P. Barrett, P. M. Seibert, M. A. ...anarky, *The Dropouts*. New York: The Free Press, 1962.

Levin, Henry M., Costs to the nation of inadequate education. *The Effects of Dropping Out*. Washington: Select Committee on Equal Education Opportunity, U.S. Senate, August 1972.

Manood, Wayne. What is the impact? Born losers: school dropouts and pushouts. *NASSP Bulletin*, Vol. 65, No. 441, January 1981.

Maurer, Richard E., Dropout prevention: an intervention model for today's high schools. *Phi Delta Kappan*, Vol. 63, 1982.

Miller, S. M., Dropouts: a political problem. D. Schreiber ed., *The School Dropout*. Washington: NEA, 1964.

Minsler, Roy. Humanizing attendance procedures. *The Clearinghouse*, Vol. 53, No. 8, February 1980.

Nachman, Leonard. *Pilot Study of Ohio High School Dropouts 1981–82*. Columbus: State of Ohio Department of Education, February 1983.

Neill, Shirley B., *Dropout Prevention*. Washington: The National Advisory council on Supplementary Centers and Services, April 1975.

Novas, Jan and B. Dougherty (Eds.), *Dropout Prevention in Wisconsin, Vol. I: A Review of Programs and Activities*. Madison: Wisconsin Vocational Studies Center, University of Wisconsin–Madison, September 1979.

Ohio Public School 1981–1982 Dropout Rate Analysis. Columbus: Ohio Department of Education, February 1983.

Olsen, Laurie, R. Edwards, and A. Gonzales, *Push Out, Step Out: A Report on California's Public School Drop-Outs*. Oakland: Citizens Policy Center, 1982.

Plisco, Valena W., ed., *The Condition of Education, 1983 Edition*. Washington: National Center of Educational Statistics, U.S. Government Printing Office, 1983.

Positive Approaches to Dropout Prevention. Washington, D.C.: U.S. Department of Health, Education and Welfare, 1983.

Procedures Used in Computing Dropout Rates: A Survey of Large City School Systems. Cleveland: Cleveland Public Schools, Division of Research and Development, December 1979.

Quay, Herbert C., and L. B. Allen, Truants and dropouts. in *AERA Encyclopedia of Educational Research*. MacMillan, 1982.

Report of Governor's Study Committee on High School Dropouts and Unskilled Graduates. Columbus: Ohio Governor's Study Committee on High School Dropouts and Unskilled Graduates, 1981.

Report on School Leaver Study. San Diego City Schools, 1982.

BEST COPY AVAILABLE

Hamberger, Russell W. *Why Kids Drop Out of High School.* Palo Alto: Institute for Research on Education Finance and Governance, Stanford University, April 1981.

Schreiber, Daniel. *Profile of the School Dropout.* New York: Vintage, 1967.

Secondary School Dropouts. St. Paul: CETA-Education Linkage Unit, Division of Special Services, Minnesota Department of Education, 1981.

Sewell, Sam T. Helping hand for the chronic truant. *Educational Leadership,* Vol. 17, No. 6, March 1960.

Special Report: The Dropout Problem. Phoenix: Phoenix Union High School District, 1960.

Steinberg, Laurence, D. L. Blinde, and K. S. Chan. Dropping out among language minority youth. *Review of Educational Research,* Vol. 54, No. 1, Spring 1984.

Stevens, Leonard B. *Dropouts in the Cleveland Public Schools 1972-73.* Cleveland: Memorandum to Chief Judge Frank J. Battisti, June 7, 1983.

Stinglish, Charles R. and B. R. Grady. How many students graduate and why? *North Central Association Quarterly,* Vol. 52, 1978.

Student Follow Up Survey. Grossmont Union High School District, December 1981.

Survey of Philadelphia High School Dropouts, 1975-76. Philadelphia: The School District of Philadelphia, January 1977.

Timberlake, Constance H., Demographic factors and personal resources that black female students identified as being supportive in attaining their high school diplomas. *Audiences,* Vol. 17, No. 68, 1982.

Tyack, David B., *The One Best System, A History of American Urban Education.* Cambridge: Harvard University Press, 1974.

Wacker, Gabrielle B., *School Leavers Data Reporting System, A Task Force Report.* Madison: The Vocational Studies Center, University of Wisconsin, September 1981.

Weniger, Gary, C. Stone and H. M. Kliebard, *Dropouts and Schools: Case Studies of the Dilemmas Educators Face.* Madison: Wisconsin Governor's Employment and Training Office, October 1980.

Yaffe, Elaine, More sacred than motherhood. *Phi Delta Kappan,* Vol. 63, 1982.

BEST COPY AVAILABLE

Speech by
VICTOR HERBERT
ASSISTANT SUPERINTENDENT FOR DROPOUT PREVENTION PROGRAMS
NEW YORK CITY BOARD OF EDUCATION

BLACK LEGISLATIVE CAUCUS
WORKSHOP ON NARCOTICS AND DRUG ABUSE
September 27, 1985

Two years ago Secretary Bell focused national attention on students who leave school by revealing that our national dropout rate is 27.2%. Nationwide, nearly one out of every three students does not complete high school. For minority students and for urban centers, the rates are much, much higher. In New York City, for example, the current dropout rate is 42%. It is approaching the point where every other student leaves school without a diploma. With about 250,000 high school students in the city's public schools, each 1% in the dropout rate means 2,500 young people. 2,500 young people who leave school and "graduate" to welfare, unemployment, and street crime.

Ask anyone why young people drop out of school. Four or five reasons are repeatedly given -- and high on this list is substance abuse. Throughout the nation, drug and alcohol abuse among young people is a matter for serious concern. In New York State, for example, one out of every four people in the state, aged 14 and older, has taken an illegal drug or used a legal drug without a prescription. Nationwide, an estimated 3.3 million young people between the ages of 14 and 27 are problem drinkers. Most disturbing are reports that substance abuse is on the rise among younger children.

COPY AVAILABLE

We as a nation pay enormous costs when students drop out of school. We cannot estimate the cost of wasted potential -- but it is clearly too high. The costs of welfare, unemployment, and youth crime are more obvious. For example, a 1977 study by the Economic Development Council calculated that youth crime, much of it drug-related and most occurring during school hours, costs New York City alone $329 million a year. Clearly, concerted and focused efforts must be made to keep students in school. We all know this instinctively. A recent New York Times poll revealed that New Yorkers consider crime the number one problem in our city and education the solution to that problem.

Chancellor Nathan Quinones of the New York City public school system appointed me last February to head a major dropout prevention program. Mr. Levander Lilly, a Special Assistant to the Chancellor who is here with me, has been involved in New York City's school-based drug abuse programs for years. Each of us is prepared to answer questions about New York City's efforts to stem the tide of dropping out and to address the tragedy of drug abuse among our young people.

Clearly there is a connection between drug abuse and dropping out. We know, as I have already said, that there are students who drop out of school because they are drug abusers.

BEST COPY AVAILABLE

Drug counselors in New York City school-based programs are trained to look for symptoms in youngsters that lead them to drugs or alcohol. Some of these symptoms relate to school, such as truancy and poor academic achievement. Others have to do with peer relationships, such as membership in street gangs, isolation, and pregnancy. Still others relate to the family.

The troubled youngster who turns to drugs will probably also leave school. Studies of why students drop out of school come up with an amalgam of reasons: low achievement, personal crises, financial needs, family problems, and health-related issues. In addition, most of these students have a poor self-image and express a sense of "not fitting in" at school.

To keep students in school, we must look for these signs of trouble and intervene to help students deal with them. We must do this as early as possible in order to prevent later, more serious problems like using drugs. And we must also be prepared to help the youngster who is already at the point of crisis.

Schools alone cannot solve all of these problems, but schools must take the lead. Recently, Chancellor Quinones described the central importance of schools in helping children build better

BEST COPY AVAILABLE

futures for themselves. Schools are expanding their role -- offering not only instruction, but other needed services as well, services to address all of the problems that children bring into the classroom.

To accomplish this, the schools enter a three-way partnership with the public and private sectors. This partnership is an equilateral triangle. The importance of each side is equal to the others. And the role of each complements the others.

The public sector includes community-based organizations working on a contractual basis, public agencies working voluntarily, and city agencies. These organizations come into schools to provide direct services or to make referrals. They address the myriad problems that act as impediments to learning. By working together, the schools and the public sector can remove these impediments.

The private sector has a role in this effort, too. It must do what the other two partners cannot do -- offer jobs and on-the-job training, provide "extra" incentives to students and teachers, loan up-to-date equipment and expertise, to name a few possibilities.

BEST COPY AVAILABLE

The New York City Salute to incoming high school freshmen is another example -- and I'll be happy to fill you in later on the details of that. In addition, Chancellor Quinones has called for a guaranteed job for every New York City high school graduate in four years. Together with the place in college already guaranteed by the City University of New York, that would provide a powerful incentive indeed for staying in school.

A central refrain of my message today is collaboration. When a student comes to school and says, "I didn't do my homework because my father came home drunk last night and beat me up," there must be someone for that child to talk to immediately. That is what the public sector can often provide.

When a student says, "I have to quit school to get a job because my mom lost her job," there ought to be better and more widely available part-time or summer jobs with local businesses. Jobs that can lead to something better in the future. That is how the business community can help us.

When a student begins to drift or to fall asleep in class, there must be a responsive school community able to diagnose simple fatigue or the more serious symptoms of drug abuse.

BEST COPY AVAILABLE

Every child is our client. Whatever that child carries into the classroom must be addressed, whether or not it falls under "traditional" school concerns. Our services must be both comprehensive and coordinated. We must look at the whole child. And all of the people in the various programs, departments, and agencies who work with that child must talk to each other. In this way we avoid both duplicating and omitting needed services.

The New York City public school system has examples of this collaboration throughout all grades and levels of schooling. These have increased recently with the Dropout Prevention Program that I head and with the State-funded Attendance Improvement and Dropout Prevention Program. Another example is Project Specda, short for School Program to Educate and Control Drug Abuse, which has received a lot of attention and acclaim recently. This program focuses on fifth and sixth graders and is run jointly by the school system and the police department.

These programs -- as well as others too numerous to mention -- use the collaborative model I described. And they provide the array of services that we know high risk youngsters need: personal counseling, attendance outreach, health services, academic remediation and enrichment, employment and job counseling, family services, drug counseling, and more. Some provide these after school, some during the school day; some operate entirely in the

BEST COPY AVAILABLE

school building and others use community sites as well. There is variety in the details of program operation, but the underlying principles are the same: work together and work with the whole child.

In New York City, we know what works. There have been encouraging signs of that recently. Last year, attendance went up at all levels in our schools. Student achievement has also been steadily improving for some years now. An analysis of our most recent dropout statistics revealed some very interesting information: students enrolled in occupational education programs are three times more likely to stay in school than students not enrolled in these programs. This is a powerful argument for providing employment and training through the private sector.

That is the good news. We know what to do. At this point, however, our efforts are still very much a beginning. Our state and city governments have joined us in those efforts, and the federal government must do so too. We cannot continue to apply band-aids, to work piecemeal. We must all join hands and reach out to every single child. As Ernest Boyer wrote in his report on American high schools, "To push for excellence in ways that ignore the needs of less privileged students is to undermine the future of

BEST COPY AVAILABLE

our nation." Our children are that future. They are the most valuable national resource we have. I believe that, together, we can help each child develop his or her potential to the fullest. And this will make the future brighter, more prosperous, more peaceful for all of us.

BEST COPY AVAILABLE

Statement By:

Jerome H. Jaffe, M.D.
Acting Director
National Institute on Drug Abuse

for the 1985 Annual Congressional Black Causus Legislative Weekend:
Workshop on Narcotics and Drug Abuse

Chaired By:

Representative Charles B. Rangel

September 27, 1985

BEST COPY AVAILABLE

Mr. Chairman and members of the Congressional Black Caucus, I appreciate your invitation to appear today to discuss drug abuse and the impact it has on elementary and secondary education. Sharing this panel on narcotics and drug abuse with representatives from DEA, the Department of Education, the State Department, and the House Select Committee on Narcotics Abuse and Control, it is appropriate that I outline NIDA's role in the coordinated Federal effort dealing with the Nation's drug abuse problem.

NATIONAL STRATEGY FOR PREVENTION OF DRUG ABUSE AND DRUG TRAFFICKING

As you know, the 1984 National Strategy for Prevention of Drug Abuse and Drug Trafficking is guided by the personal leadership of the President, the Vice President, and the Cabinet. It sets the tone and direction for a national response to drug abuse problems. A key element of the Strategy is the continuing partnership between government and the private sector to bring the full range of this country's resources to bear on reducing existing drug and alcohol abuse and ultimately to provide a drug-free environment for all Americans, especially our young people. The Strategy promotes the involvement of parents and volunteers in teaching young people, especially elementary school children, to develop healthy behavior and positive goals and to be aware of the risks involved in using drugs. Parent groups with special interests in prevention now number more than 4,000 across the United States. The National Strategy actively encourages the involvement of the private sector. In coordination with Federal agencies, private business, labor organizations, the media, and the entertainment and sport industries are using their unique resources to deglamorize drug-taking behavior, promote positive images of a drug-free life for young people, and disseminate accurate, up-to-date information regarding the dangers of drug use.

BEST COPY AVAILABLE

The Strategy emphasizes the importance of research in leading to a greater effectiveness of our efforts in prevention, treatment, and control of drug abuse, and assigns to NIDA the major responsibility to oversee the development of new knowledge through basic and applied research and epidemiological studies. The Strategy particularly stresses the importance of studies which expand our knowledge of alcohol and drug use patterns, risk factors, the biological and psychological determinants of drug and alcohol abuse, and the long term health effects of alcohol and the entire range of abused drugs. Of equal importance is assessing the effectiveness of prevention and treatment approaches for a wide range of drugs of abuse. It is also the Federal responsibility to ensure that the information from this research is widely disseminated to health care pro- fessionals, educators, law enforcement officials and the general public.

NIDA'S ROLE: CHANGES OVER TIME

The National Institute on Drug Abuse was created in 1974 to develop and manage national programs of drug abuse treatment, prevention, research, training, and rehabilitation. The system for treatment was in fact developed, and over the first 6 years funded in part and managed from the Federal level. The passage of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) transferred to the Sates full responsibility for treatment and prevention service functions previously administered by NIDA. However, the Institute retains the lead role within the Federal Government for the dissemination of information based on research findings concerning the nature, extent, consequences, prevention, and treatment of drug abuse.

BEST COPY AVAILABLE

In carrying out its congressional mandate and its role within the National Strategy, the Institute (1) collects and analyzes epidemiologic data on the varieties and extent of drug abuse, and monitors emerging trends in drug use; (2) sponsors and conducts basic and applied research findings; (3) analyzes data from such studies; (4) disseminates research and technical information on drug abuse to scientists, State and local agencies, and other individuals and groups; (5) upon request, lends assistance to such agencies and groups in carrying out drug abuse prevention programs; and (6) disseminates public information and sponsors programs to actively discourage drug abuse.

DRUG ABUSE AND DROPOUTS: SOME RESEARCH EFFORTS ON LINKAGE

Within its research and prevention programs, NIDA has been exploring factors in an effort to determine if there is a link between substance abuse and school dropouts. Although most national surveys do not specifically address this issue, it appears through a review of the data dealing with delinquent behavior that drug abuse is a factor along with other factors such as family problems, dissatisfaction with school, etc. A NIDA grantee, Dr. Alfred Friedman has recently written a report on drug use as a cause of school dropout and treatment need. It states that when students drop out of school because of dissatisfaction with school, and at the same time are drug abusers, it cannot be assumed that their drug use led to their dissatisfaction with school. It is very likely that their state of dissatisfaction with school could have existed prior to involvement in drug use and that drug use could be considered to be a substitute for the enjoyment or satisfaction which other students derive from school, and as a method of obtaining relief from boredom with school.

BEST COPY AVAILABLE

Nevertheless, Dr. Friedman is also quick to point out that a significant amount of drug use by adolescents interferes with academic and career progress, and is a risk to adolescent development. Therefore, he emphasizes the importance of programming in the schools for prevention of drug use and for early intervention with those adolescents who have already started to use illicit drugs.

An ADAMHA grantee, Dr. Delbert Elliott, performs a Longitudinal National Youth Survey resulting in information on delinquent behavior, including truancy, dropouts, and drug use. This data could be further analyzed in the future to determine the strength of the linkage between drug use and dissatisfaction with school. However, analyses conducted thus far suggest that among most young people studied, behavioral problems and delinquency appear prior to the onset of serious drug use. NIDA actively solicits research proposals in this area, and therefore, will continue monitoring the issue.

For almost a decade, NIDA has supported a High School Senior Survey conducted by Lloyd Johnston at the University of Michigan. We recognize that the results of the survey could be influenced by school dropouts. In 1982, the Institute held a Technical Review of this subject, which concluded that while adjustments to the survey were necessary to correct for such effects in assessing the absolute magnitude of yearly estimates, the effects of droupouts have little or no effect on assessing <u>trends</u> in drug use by seniors over time. It is assumed the same level of distortion exists each year and therefore the trend lines in drug use (year to year changes) will be consistent.

BEST COPY AVAILABLE

Another approach to the dropout issue that NIDA is exploring is the relationship between adolescent pregnancy, drug use, and dropouts. It is estimated that the majority of females dropping out of school do so because of pregnancy. In addition, the question is also raised regarding the number of adolescent fathers that drop out of school in an effort to support their child. In March 1985, the Institute held a technical review on drug abuse and adolescent sexual activity, pregnancy and parenthood. In addition to identifying priority research topics related to this area, a program of research and professional activities was initiated, including: (1) a NIDA follow-up practitioners' conference to share information with practitioners in drug abuse and adolescent pregnancy programs and to establish cooperation among such programs; (2) establishment of a national professional steering committee to develop a collaborative study; (3) establishment of a Federal workgroup to develop funding strategies for the research, including the proposed collaborative studies; (4) liaison with the private foundations, with Dr. Elizabeth McAnarney, ex-officio President of the Division of Adolescent Medicine of the American Academy of Pediatricians taking the lead; and (5) release of a NIDA monograph on drug abuse and adolescent sexual activity and pregnancy in early 1986.

NIDA RESEARCH ON PREVENTION AND EDUCATION

NIDA's current prevention activities are based on a number of major findings from the prevention research the Institute has funded over the past decade. These include the following:

COPY AVAILABLE

Drug abuse results from a complex interaction of cognitive, psychological, social, and environmental factors. All relevant factors must be considered in designing preventive interventions.

Drugs alter the psychological and physical makeup of the user and can serve as powerful biological reinforcers. Drugs can exert extraordinary influence on behavior because they bypass the normal filtering mechanism and have direct access to brain reward systems.

Total family function is closely related to adolescent drug use, its prevention and reduction. Young people from families in which one or more members smoke, drink, use drugs, or engage in criminal activities are more likely to become substance abusers.

Drug abuse is not a unitary phenomenon. Factors relatec to use differ among various target groups. Thus, a variety of intervention approaches are needed.

Psychological characteristics associated with substance abuse include low self-esteem, greater need for social approval, low social confidence, low assertiveness, greater impulsivity, rebelliousness, and external locus of control. Substance abuse correlates with premature sexual activity, truancy, and delinquency.

AVAILABLE

Individuals who initiate use early are most at risk of sustained, problematic use. Preventive intervention programs must begin early to reach such individuals.

The use of a given drug must be perceived to have serious risks if there is to be a credible program directed against its use. However, the provision of information about the dangers of any given drug or drugs in general is not sufficient, in and of itself, to change attitudes and behavior regarding substance use.

Experimentation with one substance frequently leads to experimentation with other substances. Tobacco and alcohol frequently serve as "gateway" substances to the use of marijuana, which is itself the major "gateway" to the use of other illicit drugs.

Social pressures to use drugs are predominant influences for many youth. Helping young people develop personal and social skills to cope with these pressures is an important means to prevent the initiation of drug use.

There has been an overall decrease in the prevalence of drug abuse since 1979. However, among certain subpopulations and in certain geographical areas the drug problem is worsening.

BEST COPY AVAILABLE

ASSISTING STATE AND COMMUNITY EFFORTS

In addition to its lead role in funding and carrying out prevention research, a major mission of NIDA is to provide guidance and assistance to drug abuse prevention efforts at national, State and local community levels. In carrying out this responsibility, NIDA pursues a number of different, but related activities. They include: technical assistance to groups in both the public and private sector; identification and--through limited funds for demonstration projects--replication of model prevention programs; dissemination of prevention research findings to schools, parents groups, primary health care providers, and law enforcement personnel through publications and workshops; and public education through the development of written information and national media campaigns.

All these elements of the Institute's prevention strategy build on the knowledge gained through its research activities. For example, many of NIDA's prevention activities focus on those age groups found most at risk for initiating drug use, i.e., preadolescents, teenagers and young adults. In accord with the findings from epidemiologic research, a particular emphasis has been placed on those drugs described as gateway substances (tobacco, alcohol and marijuana) and more recently on cocaine as well, since that drug has emerged as a particular threat to young people and to the society at large.

Conversely, whenever possible, the Institute attempts to focus proposed prevention research efforts (particularly those which evaluate the effectiveness of various prevention strategies) on interventions actually

BEST COPY AVAILABLE

being used in the field. This enables NIDA to get maximum use from its limited research dollars and to provide a very concrete service to those in both the public and private sector who fund and staff prevention programs.

In a report issued in July, 1985, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) reported that almost $174 million was spent on prevention activities by the States in the FY 1984. A significant portion of these funds--$38 million--came from the Federal Government through the Alcohol, Drug Abuse, and Mental Health Services block grant allocations. In addition to its activities in prevention research, NIDA contributed to Federal and State support for prevention through its technical assistance efforts (approximately $1.2 million per year), the production and dissemination of print materials (approximately $500,000), and media campaigns ($325,000), for a total of approximately $2.9 million in FY 1985.

Technical Assistance:

An important part of NIDA's prevention strategy is to provide communities with technical assistance and information on "model" prevention programs which can be modified or adapted for the particular needs of their population. Whenever possible, in order to maximize limited resources, NIDA works with existing organizations, on both the local and national level. The Institute's efforts in the area of community mobilization have emphasized clarifying the dangers associated with drug taking, providing rewarding prosocial alternatives, and developing community supports for an

BEST COPY AVAILABLE

anti-drug culture. Groups that have become involved in community action programs have represented the private and public sectors - and within the private sector have involved both grassroots and established organizations.

Schools are critical partners in drug abuse prevention. NIDA has provided written materials to aid schools in their efforts to give young people information about the dangers associated with various drugs. In addition, NIDA is working on a project to assess the utility, accuracy and acceptability of those substance abuse curricula most commonly in use. The Institute is also developing a monograph describing the policy options available to school administrators in dealing with drug abuse in their schools.

In an effort to counter peer pressures to initiate drug use, the Institute has initiated two school-based programs targeted to different age groups and designed to support students' ability to reject drugs. "Just Say No" Clubs, targeted to 4th through 6th graders, are designed to teach youngsters skills for rejecting drug use without feeling socially isolated. "Teens in Action," which is targeted to 7th through 9th graders, encourages a public commitment to abstinence while providing a means for increasing students' self-esteem. Materials are being developed for use with both of these initiatives and effort will be made to encourage their replication.

NIDA has produced a body of written materials which range from brochures through monographs and are designed to cover an equally broad range of prevention issues. The documents make use of research findings in order

BEST COPY AVAILABLE

to: educate young people and their parents about drug abuse; share information about what prevention and intervention strategies work best; and help in the development of program evaluation.

Three publication types may be of particular note. The Clinical Research Notes are issued 2-3 times annually to service providers and planners. The publication contains capsule accountings of recent and on-going research with a clear statement on the service delivery implications of those findings. In addition, each capsule contains the names and addresses of both the project officer and principal investigator who may be contacted for further information. It is NIDA's intention to increase the number of issues of that publication in the coming year.

Prevention Networks is issued twice annually to the prevention community and contains a fuller discussion of prevention issues significant to that community, e.g., cocaine, primary care providers, multicultural prevention, etc.

The Prevention Monographs are comprehensive publications designed to cover prevention practices and research findings around selected themes, e.g. school policy, social policy as relates to drug taking and abuse, etc.

The primary mechanism for the distribution of NIDA's materials in the area of prevention is the National Clearinghouse for Drug Abuse Information (NCDAI). The Clearinghouse serves as the Federal center for the collection and dissemination of drug abuse information and for providing services to

both lay and professional audiences. During Fiscal Year 1984, more than 2.9 million publications were distributed in response to requests from parents, young people, community programs, treatment staff, researchers, and State and local officials.

The Clearinghouse has established and is continuing to expand its Drug Abuse Communications Network (DRACON), which consists of information programs operated by or on behalf of State Drug and Alcohol Authorities (SSAs). The DRACON provides wider access to drug abuse information at the State and local level, as well as maintaining copies of all NIDA publications. Currently, there are 79 programs participating in the network.

NCDAI has also established and is continuing to expand its information dissemination network for the multicultural community. This network consists of national, State, and local programs that utilize various communications media to disseminate information to components of the multicultural community. Thirty-three programs currently participate in this network.

In addition to these major distribution and dissemination mechanisms, which can be and are used for a wide range of materials produced by NIDA, other mechanisms have particular relevance for the dissemination of information in the prevention field. They are described below.

Prevention Repository and Toll-Free Information Line: To facilitate the use of its written materials, to permit a sharing of additional research findings, and to provide technical assistance drawn from staffs' own knowledge and experiences, NIDA's Prevention Branch maintains a repository of approximately 5000 drug prevention-related items and staffs a toll-free 800 information line. Many of the repository items are annotated and requesters from the field can receive printouts providing information in a variety of areas. Approximately 15-20 requests are received monthly. The Branch's toll-free 800 telephone line responds to about 250 field requests for prevention information monthly. Information provided can include assistance with prevention planning, curriculum samples, use of community agencies, etc. As appropriate, Prevention Branch staff provide materials through the mails or refer callers to the NIDA Clearinghouse.

Meetings and Conferences: As another technology transfer mechanism, NIDA convenes meetings and conferences to permit a sharing of experiences, findings, and ideas in emerging issues within drug abuse. Such meetings have included the cocaine task force which has been used to inform and then facilitate actions by community groups, presentations by primary health care professional groups (e.g., physicians, nurses, social workers, psychologists) to discuss and encourage their efforts in prevention, etc. In addition, conferences are used by NIDA to encourage and strengthen the National Prevention Network in its efforts to assist service providers in the States. NIDA's efforts are currently to facilitate an information exchange between the research and service providing and planning communities in the upcoming National Prevention Conference.

BEST COPY AVAILABLE

Workshops: In the past year, NIDA conducted seven regional workshops providing instruction in the use of treatment interventions, found effective in prior study, to audiences of service providers and State agency planners. In expanding its technology transfer activities this year, NIDA will sponsor regional workshops designed to provide training in the evaluation of preventive interventions and programs. The emphasis will be on teaching service providers to evaluate themselves in order to understand their own effectiveness and address any shortcomings in their own programs.

A second series of workshops will deal with the monitoring of drug use in a State or community and will be designed to permit an inexpensive way of understanding and tracking trends in drug use. Typically, this will involve an emphasis on drug use problems located through a use of institutional data sources, e.g., emergency rooms, arrest data, treatment data, etc.

In addition, as noted above, regional workshops will also be provided to juvenile court judges and staffs regarding strategies for the assessment and referral of drug using juvenile offenders.

Public Information

Although we already have an extensive prevention program in place, we are continually planning for programs that will effectively reach potential school dropouts. Our goal is to reach the children before they let drug use become one of their reasons for dropping out of school. One of the ways we plan on doing so is through our media programs. NIDA's drug abuse

BEST COPY AVAILABLE

prevention programs through the media are designed to communicate the health consequences of specific drugs and to deglamorize drug use. Through use of data from its research and other sources, NIDA develops public education programs using appropriate media to reach special target audiences.

NIDA's "For Parents Only" film and booklet program (1981-1982), as well as its 1983 Marijuana Campaign, "It's A Fact...Pot Hurts," communicated marijuana's negative effects to junior high school students and their parents. We have seen evidence that communicating health effects, in conjunction with teaching skills in rejecting drug use and encouraging parental support, contributes to drug abuse prevention. The results of the annual High School Senior Survey have shown that students' perceptions of the negative effects of regular marijuana use have dramatically increased since 1980, while their use of the drug has dramatically diminished.

NIDA's approach to prevention through the media combines drug information with prevention approaches tested in research. In its current media programs, NIDA uses survey data, focus groups, and other mechanisms to learn about the target audience and develop messages specifically designed for it. For example, NIDA's "Just Say No" Campaign, conducted under the auspices of the Advertising Council, combined the best information from prevention research with knowledge gained in attitude surveys and focus group testing to develop an anti-drug message targeted to parents and early teens. The slogan, "Just Say No," which has gained recognition and acceptance as the primary drug abuse prevention message, has struck a

BEST COPY AVAILABLE

balance between the threat of drugs, the strength and knowledge to resist peer pressure, and positive self-image and control as reward for taking this action.

In the second phase of the campaign, NIDA targeted the program to minority inner-city youth and their parents. Again, with television, radio, posters and print ads, NIDA communicated the "Just Say No" message. This time, NIDA combined the parents' and teens' slogan with "Help Your Kids Just Say No." The pamphlets and print ads focused on the health effects of the individual drugs and the questions parents and young people most often ask. Highlighting the second phase is a 3-1/2 minute music video that promotes the peer resistance theme in music and dance. It is being used as a film in classrooms and community settings, as well as being broadcast on cable television.

Marketing of the campaign has involved more than 500 groups and has resulted in extensive use of the slogan and materials in local campaigns throughout the country. With NIDA's assistance, the National Broadcasting Company (NBC) will carry the "Just Say No" slogan in its campaign this fall. They will support the development of "Just Say No" Clubs in the elementary schools and will promote the prevention strategy both through short feature stories for news programs and educational programs for schools.

NIDA's Cocaine Abuse Public Education Program follows the same general approach used in NIDA's other major prevention campaigns. It involves the

BEST COPY AVAILABLE

release of research findings to the media, the development of communications approaches and messages, and an extensive marketing and promotion strategy designed to reach the appropriate target audiences.

NIDA initiated its public education program on cocaine abuse last October, 1984, with the release of its first research monograph on cocaine in 7 years, Cocaine:--Pharmacology, Effects, and Treatment of Abuse. In February 1985, Secretary Heckler released the High School Senior Survey and expressed concern about the high level of current cocaine use and the extensive health consequences experienced by regular users. Last week, NIDA sponsored a Science Press Seminar on the epidemiology and treatment of cocaine abuse and a released a new cocaine monograph on the subject.

The Institute also has a plan for future intervention research which includes analyzing results from long term (through the high school years) effectiveness studies of social resistance and social skills programs in preventing alcohol and other drug abuse; assessing the effects of social inoculation and social skills programs specifically on low income and ethnic minority populations; assessing how these programs can best be adapted for general use within schools, taking into consideration the economic and other constraints that effect program implementation; developing preventive interventions appropriate for those young people whose use is related to other than social reasons and for those who are alienated from school and other traditional social institutions; and researching interventions for early childhood, especially for certain high-risk populations.

BEST COPY AVAILABLE

In conclusion, it should be understood that drug use arises within a multitude of social and behavioral problems. It is these problems that lead young people to drop out of our educational system. The hope is that a coordinated Federal and public effort directed at drug abuse will also impact on some of the many social problems that contribute to the current high drop out rate.

BEST COPY AVAILABLE

SUBMISSIONS FOR THE RECORD

VINCENT L. PROPUTO

U.S. House of Representatives
Select Committee on Narcotics Abuse and Control
September 27, 1985

I was born and raised in a middle class neighborhood in the Bronx, New York. I was a part of the "gang scene", local groups comprised of some forty to fifty Italian - Americans, fifteen to eighteen years old. Only four of us graduated high school and to the best of my knowledge, I was the only one who graduated College. I received a Football Scholarship to College and became an Attorney.

From 1960 - 1970, I was starting guard and Team Captain for the Washington Redskins. As an Attorney, I was selected to work as a Special U.S. Attorney for the Nixon Administration to help fight the war against drugs. Considerable and rapid changes had taken place in my Bronx neighborhood from the time I left for College, due to drug abuse, and working with the Drug Administration was an important opportunity for me.

A professional football player, with first hand knowledge of drug abuse, has a tremendous potential for being a positive "role model". There was never a time when a young student could not be motivated to get better grades for the price of an autographed football. That is a powerful force in motivating someone to achieve and subsequently increase their self - esteem. As Director of Public Affairs for the Drug Enforcement Administration, one of my responsibilities was in the area of Drug Education and Prevention. A Sports Program was launched and is now part of the White House strategy to set up National Drug Prevention Programs for the Youth of America. Professional athletes were screened and 3' x 5' posters were made using "action" pictures of the various athletes highlighted by positive statements against drug use.

I left the Administration to return to private business and while a resident in Harrison, New York, became President of the Harrison School Board.

BEST COPY AVAILABLE

The Harrison School System, during my term as President, initiated a "Rap Room" concept which included a trained professional and members from the student population considered to be "Leaders" by their peers. This program continues to have numerous positive results. I have and presently continue to address the youth of my area at Sports Awards Dinners and Commencement Exercises concerning the drug problem. I am a Member of the "President's Council for Drug Enforcement and Prevention" and actively involved in the "Human Options Program" in Westchester County.

There is no doubt that drug abuse is a serious factor in the decline of our educational system and in the rise of the drop out rate. Distinct "causal connections" remain elusive, but, the link between school drop outs who are drug users is very evident. Substance abuse creates a vicious cycle of damage to the individual involved - drugs lessen the ability to concentrate and to function on a normal mental and physical level. As depressants, they lower self-esteem which in turn destroys motivation.

While substance abuse exists in all socio-economic levels, the percentage of drop outs and drug users is higher for minority groups, not because of race, but rather that they constitute the largest percentage of lower socio-economic strata.

The student in lower socio-economic strata very often lacks an adequate support system and this results in a greater percentage of school drop outs.

The support system (family and community) in lower economic levels is lacking due to a higher incidence of un-employment, single parent families, higher crime incidences, lower formal education and fewer opportunities for higher paying jobs. The lack of support creates a self imposed slavery that will create a limit far below a persons' potential due to lack of confidence and self-esteem.

BEST COPY AVAILABLE

We must institute a National Training System that will be developed on the highest level of Government and implemented and managed at the grass roots level.

1: The Drug Enforcement Administration should be the lead agency to develop a standard to identify risk and high risk students at all socio-economic levels within the school systems, and customize the proper support systems for the three respective socio-economic levels.

2: Use of professional moderators at the grass root level should be products of risk and high risk populations that have succeeded.

3: The school systems should be used to identify and document risk and high risk students in the elementary grades and work with them at an early age to infuse the support they need to give them self-esteem, confidence and a desire to remain in school recognizing that they have a greater potential by doing so.

4: Using existing structures such as schools, churches, etc, when not in use, to hold down costs.

5: Expenditures for preventative measures is far more realistic and economical compared to the high costs and unproductive results of programs such as methadone clinics that do no more than substitute one dependancy for another.

In closing, we must create human options for all the student population by identifying and giving proper support to students who are in risk of dropping out of school. We must be especially attentive and sensitive to those risk students in the low socio-economic strata. By doing so there will be a greater number of students, particularly in the minority groups, who will graduate from our school systems.

BEST COPY AVAILABLE

CHARLES B. RANGEL, NEW YORK
CHAIRMAN
PETER W. RODINO, JR., NEW JERSEY
LESTER L. WOLFF, NEW YORK
JAMES H. SCHEUER, NEW YORK
CARDISS COLLINS, ILLINOIS
DANIEL K. AKAKA, HAWAII
FRANK J. GUARINI, NEW JERSEY
ROBERT MATSUI, CALIFORNIA
BARNEY FRANK, MASSACHUSETTS
WALTER E. FAUNTROY, DISTRICT OF COLUMBIA
WILLIAM J. HUGHES, NEW JERSEY
MEL LEVINE, CALIFORNIA
SOLOMON P. ORTIZ, TEXAS
LAWRENCE J. SMITH, FLORIDA
GERALDINE A. FERRARO, NEW YORK

U.S. House of Representatives

SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL
ROOM H2-234, HOUSE OFFICE BUILDING ANNEX 2
WASHINGTON, DC 20515

COMMITTEE PHONE 202-226-3040

BENJAMIN A. GILMAN, NEW YORK
RANKING MINORITY MEMBER
LAWRENCE COUGHLIN, PENNSYLVANIA
E. CLAY SHAW, JR., FLORIDA
MICHAEL L. STRAT, OHIO
STAN PARRIS, VIRGINIA
JIM LIGHTFOOT, ALABAMA
DUNCAN HUNTER, CALIFORNIA
JOHN J. DUNCAN, TENNESSEE
MICHAEL DEWINE, OHIO
JOHN L. MICA, FLORIDA
JOHN G. ROWLAND, CONNECTICUT
JOHN T. CUSHMAN
CHIEF OF STAFF
ELLIOTT A. BRUNS
MINORITY STAFF DIRECTOR

October 30, 1985

Dr. Lawrence Davenport
Assistant Secretary for Elementary and
Secondary Education
Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20201

Dear Dr. Davenport:

Recently, I received a letter from Mr. Glenn Ivers of the New Readers Press, Laubach Literacy Action. He identifies the need for drug abuse education material which reach the students who are reading at low levels. In light of your agency's involvement in drug prevention and education, I am forwarding a copy of his letter to you. Also attached is a copy of my response.

Mr. Ivers has, I believe made an excellent observation. I hope that your agency will consider his concern, as you develop new drug educational materials.

Sincerely,

Charles B. Rangel

CHARLES B. RANGEL
Chairman

BEST COPY AVAILABLE

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE ASSISTANT SECRETARY
FOR ELEMENTARY AND SECONDARY EDUCATION

OCT 1985

Honorable Charles B. Rangel
House of Representatives
Washington, D.C. 20515

Dear Mr. Rangel:

Thank you for your letter on behalf of Mr. Glenn H. Ivers of the New Readers Press, Laubach Literacy Action who identified the need for drug abuse education materials which reach the students who are reading at low levels. We are pleased to hear the New Readers Press has developed some materials written for the lower level readers.

The U.S. Department of Education does not develop drug prevention materials since we believe that the responsibility for curriculum development should remain in the private sector and equally important, because the non-government sector has developed and produced a broad array of high quality materials on alcohol and drug abuse.

One such publication is Teaching Tools for Primary Prevention which is a resource guide to thirty outstanding curricula. This guide describes the various materials, quotes prices, and cites the principal source for all related materials. Its contents provide educators with a sound context for making decisions about needed curriculum materials.

Mr. Ivers may wish to write to the following address for more information on Teaching Tools for Primary Prevention and other drug prevention materials:

National Clearing House for Drug Abuse Information
5600 Fishers Lane
Rockville, Maryland 20852

Thank you for your continuing leadership in the fight against drug abuse.

Sincerely,

Lawrence F. Davenport
Assistant Secretary

BEST COPY AVAILABLE

Laubach Literacy International
Laubach Literacy Action
New Readers Press

October 9, 1985

Honorable Charles B. Rangel, Chairman
Select Committee on Narcotics Abuse and Control
Rm. H2-234, House Office Building, Annex #2
Second and D Sts., S.W.
Washington, D.C. 20515

Dear Sir:

The televised meeting of the Select Committee on Narcotics Abuse and Control on September 27th focused on issues that are of great concern to me.

Prior to joining the staff of the New Readers Press, publishing division of Laubach Literacy International, I worked with inner-city youth at the Syracuse Boys Club. A major thrust of the program was the development of teen peer group clubs that addressed drug and alcohol abuse and other issues of concern to the young people. Throughout, I was at a loss to find appropriate publications that the young people could use to educate themselves and their peers. The majority of the material that I evaluated was written at reading levels beyond their comprehension or in a format that appeared too official, clinical or otherwise inaccessible.

When I discovered the enclosed publications at the New Readers Press, I realized that I could offer a viable alternative to the Syracuse Boys Club and other agencies that work with minority and other disadvantaged youth who are reading at low levels. "Drugs...", "Alcohol..." and "Tobacco..." are written at the 5.6, 6.4 and 5.5 grade reading levels respectively. The format is appealing and the pricing is modest as well.

Upon reviewing these publications, you may concur that they could be effective tools in lowering readability barriers for young people as they learn the facts and make important decisions about their lives.

1320 Jamesville Avenue Box 131 Syracuse, NY 13210 (315) 422-9121

BEST COPY AVAILABLE

In that event, please feel free to contact me regarding the publications of the New Readers Press and the application of these materials in combating illiteracy and other problems complicated and compounded by illiteracy.

Sincerely,

Glenn H. Ivers
Business Development Specialist

GHI:lcb
cc: Dr. Jerome Jaffe
Mr. Robert Dandridge
Ms. Mary Futrell

Enclosures